1914

Index-Medicus and Digest of Oto-Laryngology.

Note:—All titles marked with a * are abstracted under their respective numbers in the second section. All articles marked with a † have appeared as original papers in THE LARYNGOSCOPE. All articles marked with a § have been abstracted in THE LARYNGOSCOPE.

I. NOSE AND NASO-PHARYNX.

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DIGEST OF OTO-LARYNGOLOGY.

2

Reconstruction of the Nasal Septum. J. A. BABBITT, *Jour. Amer. Med. Assn.*, Nov. 21, 1914.

The conclusions reached by Babbitt are: (1) A submucous resection, properly and completely done, will reconstruct a perfect, functional septum. (2) If a careful superior margin be left, even with scant anterior and posterior sthenic removal, the alignment in the nose externally and internally will be satisfactory and adequate. (3) If the bulging extremities of the nasal tubercles, ridge and vomer, when obstructing the nares, are not relieved, the result of operation is unsatisfactory to the patient. (4) The removal of posterior pressure is more important than a harmonious anterior picture and unequal space in front does not necessarily disturb respiratory and drainage functions. (5) Fresh anastomoses will restore obliterated vessels to the extent of presenting a normal vascular septum if traumatism has not been unreasonable. (6) Areas in which mucous tissues were lost and replaced by squamous epithelium will probably crust, with occasional intermittent hemorrhage and irritation of the nose. (7) Perforations may be avoided if at least one firm side of mucous membrane is allowed to remain intact. (8) In soft, collapsible roof and sides, a greater margin of cartilaginous and bony ring should be left to support the flexible nose and prevent drooping. (9) Drainage and perforation posteriorly will not injure the nose and will prevent exudate and hematoma of the septum. (10) The new fibrous replaced septum bears approximately the same relation to the perichondrium and periosteum as before. (11) There is no evidence that the softer reorganized septum carries any functional disadvantage, even in its vasomotor relations. ED.

54

Alterations in the Blood in Hay-fever. E. EMRYS-ROBERTS, *Brit. Med. Jour.*, May 30, 1914.

The investigations made by Roberts were on his own person, as he himself was a sufferer from hay-fever. Daily examinations of the blood were made for a period of eight weeks during the attack. The hemoglobin content varied from 65-80 per cent, the color-index from 0.4 to 0.8, and the red blood-count showed an almost constant polycythemia and the leucocyte count showed almost an equally marked leucopenia. There is no enlarged spleen or cyanosis associated with the polycythemia.

The differential count showed a reduction in the number of polymorphonuclears, a marked increase in the large mononuclears, transitionals and eosinophils. Mast cells were occasionally present.

No nucleated red cells were seen at any time and polychromatosis was noted twice.

Between attacks the blood returned more to normal, but not entirely so. ED.

56

Anaphylactic Skin Reactions in Hay-fever Subjects Excited by Pollen of Various Species of Plants. J. L. GOODALE, *Boston Med. and Surg. Jour.*, Nov. 5, 1914.

Goodale describes the reactions caused in hay-fever patients by the application of the pollen of various species of plants to an abrasion of the skin. The advantage of a skin test over that on the eye or nose is that several tests may be applied simultaneously and it is, also, more acceptable to the patients.

The extracts of mostly anemophilous plants, in which fertilization is accomplished by air-borne pollen, were made by soaking the pure pollen for 24 hours in 15 per cent alcohol and filtering. The test is made by applying a drop of the pollen extract to an abrasion on the arm. If the reaction is positive it occurs within five or ten minutes and consists of an elevation of the skin bordering the scratch and extending rapidly in all directions for a distance of one-eighth to one inch. There may be some itching and a hyperemic border in some cases. The duration of the reaction is from one to three hours. The elevated skin is paler in color than the surrounding region. ED.

68

Edematous Fibroma of the Nasal Fossa. A. BALLA, *Arch. ital. de Otol.*, No. 2, p. 131, 1914.

Case report of woman of 50 years, with disturbance of nasal respiration. On the upper surface of the left inferior turbinal, a tumor, the size of a pea, was discovered, which proved, histologically, to be an edematous fibroma. ED.

111

Operations for the Correction of Deformities of the Nose. W. W. CARTER, *Med. Rec.*, Feb. 7, 1914.

The bridge-splint used by Carter consists of a lightly constructed steel bridge the two wings of which are hinged together in the middle. The distance to which they can be separated is regulated by a thumb screw. The second part of the instrument consists of two small intranasal splints perforated by several small holes. Through these holes silk sutures are first passed and knotted and by means of a curved needle each suture is then passed from within the nose through the roof, fairly near the junction of the bony with the cartilaginous dorsum. The bridge is then placed over the nose and the correct amount of pressure applied to the base of the nasal arch by means of the thumb-screw adjustment. The sutures are then passed through the corresponding holes in the bridge and sufficient tension applied to draw the nose into its proper position. The sutures are then tied over the hinge of the nose.

Carter has found this instrument of most service in cases of recent fractures, in correcting lateral displacements and depressed and irregular deformities, and has often employed the bridge-splint in the bone transplantation operation where additional support was needed. ED.

130

Paraffin Injection in Saddle Nose and Ozena. J. FEIN, *Wien. med. Woch.*, Vol. 64, 1914.

Cases of saddle nose with adherent, resistant skin scars or those in which the bone has been destroyed as a result of trauma or necrosis are not adapted to this treatment. In the cases suitable for this treatment the injection is made just below the tip of the nose in the septum membranaceum, because the skin there is very elastic and the opening made closes immediately. If the injection is made just in the midline there is no danger of injuring vessels. Hence, it should not be made from the side of the nose. The injection must be subcutaneous. Displacement of the paraffin is best prevented by pressing the skin firmly against the bone during the injection, and at the same time it excludes the danger of embolism.

In ozena the author recommends paraffin injection. This is done under local anesthesia and the deposit is made in the lower muscle, the anterior part of the middle muscle, the floor of the nose and the septum. Noses with a thin, easily torn mucous membrane are not adapted to this treatment. ED.

136

Nasopharyngeal and Cervical Tuberculosis in Children. A. D. FORDYCE and E. W. S. CARMICHAEL, *Lancet.* Jan. 3, 1914.

The authors state that mastoid and middle ear tuberculosis is not uncommon in children under six months of age. Its presence is diagnosed by watery discharge from the ear, soft, painless swelling over the mastoid process and facial paralysis. As the authors have never seen a case of this sort in breast-taking infants they believe that it is usually of bovine origin and secondary to infection of the tonsil. The authors ascribe the same origin to cervical adenitis. A gland lying immediately below the posterior belly of the digastric muscle and between the internal jugular and facial veins is the one most constantly and earliest involved. ED.

143

Histology of Lupus of Mucous Membranes. P. GERBER, *Arch. f. Laryngol.*, Bd. 29, H. 1, 1914.

Gerber quotes Phillipson that "die einseitige Auffassung des Lupus als Hautkrankheit hat sehr nachteilig auf die Kenntnis dieser Krankheit und auf ihre Behandlung gewirkt" and emphasizes the fact that many of the severest cases of lupus of the nasal mucosa show an absolutely normal external nose and that the most frequent and severest form of lupus of the face is of nasal origin.

The diagnosis of lupus of the nasal mucosa is not difficult, however. Just as it may be stated that 90 per cent of all ordinary ulcerations of the mouth and pharynx are of syphilitic nature so it may be stated that 90 per cent of all granular formations in the anterior nasal cavity are of lupus nature.

Histologically, the process is one of granulation in the submucous tissue and frequently an accompanying round-cell infiltration may be the only expression of beginning lupus. In prelupus rhinitis, pharyngitis and laryngitis there is no special arrangement of the cells. But soon a cen-

tripetal accumulation of the round cells takes place, forming heaps of cells, epithelioid cells appear, the round cells are pushed peripherally, giant cells are formed, at first sparingly, often abundantly, and we have the histological picture of a full-fledged tubercle.

The author reports two cases of inner nasal lupus in which no evidence of the disease was to be found externally. ED.

160

Rhinophyma Successfully Treated by Decortication. A. P. HEINECK, *Jour. A. M. A.*, Jan. 10, 1914.

The points of interest specially noted in this case are, its occurrence in a tailor, not particularly exposed to inclement weather and fairly moderate in his consumption of alcohol. The operation of decortication is simple and consists of the removal of the cutaneous covering of the nose, carefully respecting the cartilaginous frame-work. ED.

163

Etiology of Genuine Ozena. G. HOFER, *Univ. Med. Rec.*, V. 5, 1914.

Hofer has been able to obtain pure cultures of the *coccobacillus foetidus ozaenae* from which he prepared a vaccine. With this he treated selected cases presenting the cardinal symptoms of genuine ozena. The results were so remarkable that the author believes that active immunization with the bacillus guarantees an absolutely favorable prognosis. ED.

192

Investigations on the Bacteriology of the Nose. M. MARX, *Heidelberg. Zeitschr. f. Ohrenh.*, p. 37, Nov., 1914.

That so many of our patients survive our unsurgical intranasal surgery —is a wonder. It is a miracle, that so few infections occur in a locality where aseptic cautelæ are almost impossible and where open wounds are exposed to the activity of numerous germs. The laryngologist, up till the appearance of this article, was enabled to offer an explanation for this marvel by his orthodox belief in the bactericide action of the nasal secretion. The writer gives a hard blow to our time-honored superstition that intrusted the nasal secretion with a supernatural healing power similar to that of the famous water of the Grotto of Lourdes. By exposing the cultures of different germs (staphylococcus aureus, sterptococcus longus, pneumococcus, bacillus of diphtheria and of anthrax) to the action of the nasal secretion, he proves that the latter has no bactericide action at all. On the contrary, the different germs seem to thrive very nicely, due to the new spice of nasal secretion added to their old culture medium. Notwithstanding this cruel truth, the pleasant fact remains that post-operative nasal infections are a rare occurrence. The writer explains this by the relatively small number of germs present in the nasal cavity and by their expulsion through the hair cells and the sneezing act. Besides, the healing tendency is increased by the great vascularity of the nasal mucous lining. This article will convince the rhinologist that in future surgical asepsis and intranasal suturing will have to be relied upon for the prevention of postoperative infections. GLOGAU.

216

Intranasal Treatment of Lachrymal Diseases. D. R. PATERSON, *Jour. of Laryngol.*, April, 1914.

The advantages of the West operation are (1) re-establishment of the physiological function of the tear passage so that suppurations of the sac rapidly subside and the tears flow into the nose as under normal conditions; (2) the use of probes and stylets, with frequent laceration of the lining of the duct, is avoided; (3) the tear glands are preserved; (4) disfigurement as the result of an external operation is avoided. ED.

231

Effective Method to Prevent Post-Operative Nasal Hemorrhages. A. I. SCHWARTZ, *N. Y. Med. Jour.*, Oct. 31, 1914.

A pledget of absorbent cotton, on a nasal applicator, dipped in a 100 per cent solution of silver nitrate is carefully passed over the cut surface. Schwartz finds that this insures against hemorrhage. ED.

235

Necessity for the Routine Examination of the Nose and Throat. JANE S. SPROULE, *Can. Jour. of Med. and Surg.*, Jan., 1914.

The author emphasizes the failure of the general practitioner to employ the same diligence in ascertaining the conditions present when the patient is complaining of earache, a severe cold, or an obstinate cough, as he would do if dealing with pain in the region of the kidneys or of the chest, and believes that he should be as familiar with the use of his head-mirror, nasal speculum and tongue-depressor, as he is with his stethoscope or urinometer. WISHART.

239

Use of Normal Horse Serum for the Prevention of Hemorrhage in Nose and Throat Operations. C. F. THEISEN and N. K. FROMM, *Albany Med. Ann.*, Oct. 1914.

In eight cases reported by Theisen and Fromm the average coagulation time before injection of the serum was 5.18 minutes, and after injection 4.12 minutes, making an average decrease in coagulation time of 1.06 minutes. In view of the comparative safety in the use of the serum and the great reduction in the danger of post-operative hemorrhage the authors advise its use whenever an operation is to be undertaken in a subject of the hemorrhagic or hemophilic type. ED.

248

Oculo-Motor Paralysis of Otitic Origin. F. H. WESTMACOTT, *Jour. of Laryngol.*, 1914.

Interference with the function of the third cranial nerve may occur in one of three parts, (1) in the nuclei of origin in the grey matter in front of the aqueductus cerebri and the corpora quadrigemina, together with the supranuclear portion; (2) in the portion extending from the point of exit of the united bundle of fibers on the medial side of the cerebral peduncle and passing forward to pierce the dura mater beside the clinoid process and (3) from its entrance into the supra-orbital fissure and orbit, in cases in which it divides, to the terminations of its distribu-

tions. When paralysis exists with ipsolateral otorrhea accompanied by headache and vomiting, the ear, nasal fossæ and accessory cavities should be thoroughly examined. Nasal disease infection is more common in the production of paralysis of the occulo-orbital nerves than aural disease.

ED.

290

Pharyngeal Tonsils. A. BLUMENTHAL, *Gtschr. f. Ohrenh*, Bd. 71, Heft 1-2, p. 123, 1914.

Rhinology established the fact that the adenoids represent an organ created for the mere purpose of being removed. Any helpless baby indulging in the perverse habit of oral breathing is strapped to the chair and operated. On account of the stubborn continuation of the mouth breathing, the culprit, against all criminal laws, may be punished again and again for the same adenoidal crime, while a timely inspection or an untimely autopsy might reveal the total absence of the corpus delicti.

Nasal breathing is easily interfered with by soft and hard nasal obstructions, such as hypertrophied turbinates, septal deformities, congenital narrowing of the passages, adhesions, synechiæ, etc. That the very place of the adenoids may be taken by a bony structure and that adenoids, even if really present and of any size whatsoever need not be the cause of mouth-breathing, is demonstrated by the writer on a number of instructive anatomical specimens. He forgives the beginner in rhinology for mistaking the anterior tubercle of the atlas for the dreaded growth; the thankful child cheerfully swallows the broken part of the ring knife and delivers it in the natural way. To the experienced specialist he demonstrates the presence of immense exostoses at the base of the adenoids, that upon the application of force, will show the bone to be stronger than steel. If the supposed adenoids are but the immensely hypertrophied tuberculum pharyngeum (attachment of the constrictor pharyngis superior) it would be necessary to use the chisel and a mallet in order to show the anxious parents the promised fruit from the naso-pharyngeal vault of secret. The processus basilaris of the occiput occasionally forms at the foramen magnum, a projecting bony hook just enticing the adenotome to hook on. Mouth-breathing, the indication for adenoidectomy, may be due to a stenosis between vertebral column and soft palate and is then caused by a projection of the uppermost servical vertebra. Nasal breathing depends furthermore, upon the size of the angle formed between the basilar process of the occiput and the posterior margin of the vomer; the bigger the angle the roomier the naso-pharyngeal vault and vice versa. In the presence of a big vomere-basilar angle even large adenoids do not represent a serious obstacle to nasal breathing.

The instrument-makers henceforth will have to stamp into the adenotome the memento: stop and think.

GLOGAU.

298

Diphtheritic Tonsillitis. W. C. BURROUGHS, *Can. Lancet*, May, 1914.

The writer gives voice to the very remarkable conclusion that because the results of treatment are rapid, antitoxin is expensive, and its demonstration unpleasant, that in those cases of tonsillitis where the smears and cultures demonstrate the presence of the diphtheria germ, the case should

be treated as simple follicular tonsillitis, caused partially by an avirulent type of diphtheria germ mixed with streptococci. He further comes to the following conclusion: that one should be able to diagnose diphtheria with the naked eye in nearly all cases, and that no case should be quarantined which cannot be diagnosed beyond doubt with the naked eye.

WISHART.

299

Case of Angioma of the Tonsil. C. CALDERA, *Arch. ital. di Otol.*, No. 2, p. 158, 1914.

Girl of 17 years had nut-sized tumor of the tonsil, which histological examination showed to be angioma. ED.

322

Hemorrhage Following Tonsillectomy. E. GARLAND and D. C. GREENE, *Boston Med. and Surg. Jour.*, April 2, 1914.

In practically all of the cases that the authors have seen (about one hundred) the bleeding has been in cases where the tonsillar fossæ and the pillars of the palate have remained intact. They believe that this may be due to the presence of a small venous plexus, as a result of chronic inflammation, in the fossa of the tonsil. It may be that one of these veins is split longitudinally by the tonsil or snare so that as a result of the throat movements the forming clot is continually expelled. Furthermore, the constant bleeding is more often venous than arterial. The dangerous type of bleeding which may lead to death is most often a constant ooze which may continue for hours without any classical signs of hemorrhage. Usually the patient swallows the blood so that unless vomiting occurs, the hemorrhage may continue without the slightest external evidence. The authors mention a case in which such bleeding was not detected until ten hours after the operation.

One sign which may be relied upon to give evidence of bleeding, even though a good view cannot be obtained of the patient's throat, is the presence of a clot in the fossa above the bleeding point. This clot is always present and it is sufficient evidence of bleeding. It appears at the beginning of the bleeding, and not as many danger signals, when it is too late. Thus by careful examination of the throat and early detection of the clot, the presence of serious hemorrhage is immediately detected. In such a situation the pillars should at once be sutured. ED.

344

The Pharyngeal Tonsil in the Adult. LOUIS G. KAEMPFER, *Med. Rec.*, July 11, 1914.

After describing the anatomical arrangement of the glandular structure, as mentioned by Schwabach and others, and calling attention to its symptomatology, the author offers the following conclusions: (1) The pharyngeal tonsil persists in adult life, sometimes entirely unchanged anatomically. (2) It acts in those cases as the causative or as an important contributory factor in some of the stubborn chronic conditions of the nose, pharynx, and ears in early adult life. (3) A routine examination should be instituted to determine whether its presence accounts for existing symptoms, and whether its removal may save the patient from more radical operative treatment of the nose, throat, or ear.

LEDERMAN.

393

Median Lozenge-Shaped Glossitis of the Dorsal Surface of the Tongue. BROCQ and PAUTRIER, *Ann. de Dermatol. et de Syph.*, January, 1914.

The authors report the details of sixteen cases of a special lesion situated on the dorsum of the tongue to which their attention has, for some years, been drawn. The seat of the affection is remarkably constant and is found in the center of the middle part of the dorsum of the tongue. It is always arrested in front of the zone where the calyciform papillæ mark out the lingual V. It is roughly lozenge-shaped with its long axis antero-posterior and its average dimensions are about one inch by three-fourths of an inch. The appearance of the lesion is that of exfoliation, with a smooth, rose-colored surface exposed on which are sometimes seen opaline points or patches or, in some cases, scattered or aggregated globular elevations. The lesion is painless and is very rebellious to treatment.

As to the etiology of this condition the authors can shed no light. The condition has been found by them in luetics as well as in non-luetics. Some were heavy smokers, others did not smoke at all. The histology of the lesion is distinct from tuberculosis or mycotic infection. ED.

395

Hypernephroma of the Base of the Tongue. H. COENEN, *Berliner Klin. Woch.*, Sept. 14, 1914.

The localization of Grawitz tumors, as Coenen prefers to call them, originating from aberrant germs of adrenal tissue, in the base of the tongue is rare. The case reported by Coenen was in a woman, 62 years of age, who had noticed a swelling on the tongue for about a year. It caused difficulty in swallowing. Carcinoma and syphilis were excluded. The tumor, about the size of an English walnut, was excised and proved, on histologic examination, to be a hypernephroma. There was no evidence of hypernephroma of the kidneys or adrenals. ED.

414

Lingual Tuberculosis. W. B. TRIMBLE, *N. Y. Med. Jour.*, March 7, 1914.

Trimble states that tuberculous ulcers of the tongue have the following diagnostic points: They usually affect the free border near the tip, the dorsum is generally free, they are as a rule, superficial, the base is generally a dirty yellow, probably representing small areas of caseation necrosis, the ulcer may be oval or gyrate but the borders are usually sharply defined against the healthy tissues, sloping and not undermined; the lesions show no induration.

The majority of tuberculous ulcers of the tongue are secondary. Histopathologic examination will exclude carcinoma but is of little value in differentiating between tuberculosis and syphilis. ED.

420

Tuberculosis of the Tongue. J. WEINSTEIN, *N. Y. Med. Jour.*, Dec. 6, 1914.

J. Weinstein reports a case of this condition in a male patient, 55 years of age. The difficulty of diagnosis of lingual tuberculosis is due to the impossibility, in most cases, of demonstrating the tubercle bacilli in the ulcer. In any case of ulcer of the tongue tuberculosis must be borne in

mind in addition to syphilis and cancer. The histopathological examination is practically of no use in distinguishing syphilis and tuberculosis, but it is serviceable in excluding carcinoma. ED.

422

Case of Vincent's Angina Treated with Neosalvarsan. H. H. AMSDEN, *Med. Rec.*, May 9, 1914.

Good results followed the intravenous injection of 0.6 gram of neosalvarsan, when local applications of various remedies had failed. The fusiform bacillus and spirillum were found in the examination of the smears, and practically no other bacteria could be detected. The ulceration had extended until it covered nearly the whole faucial surface of the tonsil. After the injection the throat was much improved and had healed in three days. The other side of the throat became involved three days later and another injection of the same dose was given, with equally good results. LEDERMAN.

468

On Primary Hypertrophy of the Gums and Reduplication of the Upper Lip. D. M. GREIG, *Edinburgh Med. Jour.*, Sept., 1914.

The writer describes an unusual condition which he has met with in three patients, a man, a woman, and a girl, in whom there has been marked hyperplasia of the normal mucous membrane of the gums, so that the crowns of the teeth are more or less embedded in the hypertrophied tissue. The latter is not spongy, does not bleed readily, and is not regenerated after removal. The etiology is doubtful. Treatment has consisted of removal of a strip of the tissue from the labial aspect of the alveolus, and has been permanently successful.

He has seen also several cases in which the upper lip appeared to be reduplicated by the presence of a thick fold of mucous membrane consisting of a central and two lateral segments, and forming a mass as large as the lip itself. It caused deformity and interfered with the wearing of a denture, and was successfully treated by excision. GUTHRIE (LIVERPOOL.)

497

Treatment of Pneumococcic Sore Throat. E. LESCHKE, *Muench. Med. Woch.*, December 29, 1914.

Leschke finds that optochin (ethylhydrocuprein) seems to have a specific action on the pneumococcus. In sore throat caused by this germ it should be given in doses of 0.4 gm. three times a day after meals, in wafers. It has an antipyretic action only in pneumococcic infection; it has no such action in other infections. ED.

533

Differential Diagnosis Between Tuberculosis and Syphilis of the Upper Respiratory Tract. O. STRANDBERG, *Hospitalstidende*, March 18, 1914.

Lupus generally develops with an infiltrated margin, large granulations and mucopurulent secretion. In syphilis the granulations are fine and the secretion is more serous. Another point that Strandberg mentions is that lupus rarely invades the mucosa of the upper respiratory passages as a primary lesion while in isolated syphilitic lesions during the third stage this is a frequent location. The Wassermann test may be negative, especially not long after a course of specific treatment. ED.

549

Frontal Sinus Suppuration. H. A. LOTHROP, *Ann. of Surg.*, June, 1914.

Lothrop sutures the edge of the skin of the upper lid to the periosteum on the outer edge of the bony opening into the sinus with small catgut. An oval incision is made in the lid down to the muscle fibers so as to form a flap about the same size as the opening in the bone. The flap is now turned so as to cover the bony opening and is sutured to the periosteum, with chromic catgut. The lid is drawn across horizontally and as there is very little tension or edema the mobility of the lid is not interfered with. The parts are washed carefully with sterile solution and the remaining wound closed. ED.

552

Test for Empyema of the Frontal Sinus. SARBO, J., *Med. Klinik, No.* 13, 1914.

The patient is taken into a darkened room and a small electric torch held under the supraorbital margin with its light directed upwards. If the frontal sinus is normal, the frontal region just above the orbit is seen to be translucent; if there is empyema of the frontal sinus no such translucency can be elicited. ED.

583

Surgery of the Maxillary Antrum: Intranasal Route. L. M. HURD, *N. Y. State Jour. of Med.*, Sept., 1914.

The author has obtained the best results in draining the antrum by the following procedure: After anesthetizing the nose and antrum with adrenalin and alypin the inferior turbinate is severed half-way back from its attachment and pushed over against the septum. By means of a chisel the naso-antral wall is entered and removed as far anteriorly and posteriorly as the antrum extends, upward as far as the junction of the inferior turbinate to the antral wall and downward to the floor.

The antrum is douched out and the inferior turbinate replaced with gauze packing. ED.

645

Gunshot Injury of the Right Cavernous Sinus. E. STREISSLER, *Deut. Gesellsch. f. Chir.*, 1914.

A man, 25 years old, was suffering from neuro-paralytic keratitis of the right eye from partial anesthesia of the first branch of the trifacial nerve and from abducens palsy, following a gunshot wound in the head. The location of the bullet was further confirmed by Roentgen examination.

Streissler ligated the external carotid under Hærtel's ganglion anesthesia and the gasserion ganglion found through the temporal by Lexer's method. The dura was opened in the neighborhood of the foramen ovale and the bullet found in the lateral wall of the sinus, about one centimeter behind the anterior clinoid process. It was successfully extracted without hemorrhage. ED.

655

Un Caso de Papilomas de la Glotis Curado por el Radio. EMILO MARTINEZ, *III. Cogreso Med. Nacional de Cuba.* Diciembre, 1914.

A boy, six years old, native of Cuba, applied to the University Clinic at

The Mercedes Hospital (Havana), on Dec. 14, 1913, with laryngeal trouble of two years' standing; on examination the author found he had his glottis full of papillomata producing loss of voice and slight dyspnea. He was sent to the Radiological Department of the hospital and treated by external applications, for fourteen days, with a plate of radium, filtered, of four centigrammes, during a total of 81 hours. This treatment was useless as he had twice erythema of the skin and his dyspnea increased obliging me to perform tracheotomy.

With his respiration insured by the tracheal cannula Martinez resolved to try radium in direct applications to the larynx; a hard rubber intubation tube was made (without any metal) and a radium tube was placed in the lumen and intubated the boy, using an ordinary curved forceps and leaving the silk thread in place so the nurse could extract the tube after a session of several hours. The radium employed was of ten milligrammes and one-fourth purity inclosed in a platinum sheath; the applications were made as follows:

Jan.	17,	1914	1	hour,	30	minutes
"	22,	"	2	"	30	"
"	24,	"	1	"	55	"
"	27,	"	2	"	00	"
"	29,	"	1	"	30	"
Feb.	7,	"	1	"	30	"
"	10,	"	0	"	14	"
		Total	11	"	9	"

The patient began to improve from the first days of February, his voice was better and he could breathe through the larynx. He was kept under observation all the month of March and on the 6th of April the tracheal cannula was removed, having recovered his voice and natural respiration. Up to this date (Dec. 6), there has been no recurrence. MARTINEZ.

659

Transitory Aphasia. BARJON and FROMENT, *Lyon Med.*, April 26, 1914.

The authors report a case of right hemiplegia with angina pectoris later proving fatal, in which, although there had been but temporary aphasia at the time of the apoplectic stroke (the power of speech having subsequently been fully recovered) there was found post-mortem a complete destruction, by softening, of the entire left third frontal convolution, most of the second frontal convolution, the lower three-fourths of the Rolandic area, the operculum and the convolutions of the island of Reil. The whole of Broca's area was destroyed as well as nearly all of P. Marie's lenticular zone.

It follows, therefore, that the "speech area" is not exclusively concerned with the function of speech. Broca's area, after destruction, may not only be substituted by other centers but it is remarkable with what rapidity such substitution may occur, as in the case referred to. Broca's area is not a mnesic center in which are stored up motor images of articulation. The anterior centers, disease of which causes aphasia and agraphia, merely take part in the elaboration of words in the same way as the posterior centers appear to be concerned with the comprehension of words (word deafness and blindness). ED.

674

Localization of Motor and Speech Centers in Definite Areas of the Cortex and Brain. E. DUPUY, *Lancet*, July 25, 1914.

In the first 600 cases of hemiplegia which the author has collected 260 showed lesions in the right hemisphere from which fact he concludes that there is no difference in the functions of the two halves of the brain. Numerous operations to remove the cause of convulsions or contractures, show that removal of the centers for the arm or hand, for example, causes a disappearance of the convulsions or contractures, but no paralysis. Marie tried to show that aphasia is composed of different conditions—one the loss of power of pronouncing words, the other the loss of comprehension and understanding (sensory aphasia). Marie placed the lesion in aphasia in that part of the temporoparietal lobe which he defined in a quadrilateral space including Wernicke's convolution and deeper parts. Dupuy, however, is of the opinion that there are no supplemental centers but that the entire cortex is endowed with the faculty of acting in a specific and differentiated manner and that disease or destruction of a given area brings on motor paralysis or aphasia by an inhibitory influence. ED.

685

Re-Education of Speech in Motor Aphasia. J. FROMENT and O. MONOD, *Lyon Med.*, Feb. 15, 1914.

The authors advocate "psycho-physiologic" speech re-education. The object in this new method is to restore the memory of sounds and the association between visual and auditory impressions, beginning with individual syllables and later building up polysyllabic words. ED.

695

Problem of the Stammering Child. E. I. KENYON, *Jour. Ophthal. and Oto-Laryngol*, Aug., 1914.

Stammering seems to occur after a certain stage in the mental development of the individual. Following this period the child appears to become socially emotional which the author believes to be the fundamental factor in impediment of speech. As the child grows stammering sometimes improves without treatment or what may be said to be the mature adjustment of social environment. Other children are less fortunate and struggle for years. Effective cure lies in education and training, the treatment of the defective speech itself and the conditions that arouse emotion. ED.

724

Voice Sign in Chorea. W. B. SWIFT, *Amer. Jour. Dis. Child.*, June, 1914.

Examination by Swift of vocal utterance in chorea on the kymograph demonstrated a pretty constant voice change consisting of rise in pitch and increase in intensity accompanying choreic movements. He found that choreic contractions cause changes in pitch and intensity in vocal utterance. The most marked change is in the vowel *a* as in *around*. The increase of intensity is caused by increased contraction of expiratory muscles and the rise in pitch is caused by increased contractions of the vocal cord muscles. That is to say, choreic muscle contractions in the expiratory muscles cause increased air pressure which results in in-

creased intensity in the voice and choreic muscle contractions in the vocal cord muscles result in increased tension there and hence increased frequency of vibration which raises the pitch in the voice. ED.

728

Pathogenesis of Stuttering. E. TROEMMER, *Med. Klin.*, March 8, 1914.

Troemmer regards stuttering as a motor *Zwangsneurose* or obsession-neurosis, somewhat similar in nature to *tic impulsif*. Of ninety cases studied he found hereditary influences in eighty-five per cent, including forty with a simple neurotic taint, thirty-four with inherited stuttering and eleven with both. Infectious diseases and trauma have a marked influence on the neurosis. Damp weather and fatigue are likely to aggravate stuttering. The child begins to stutter merely from some awkwardness in speaking, from ignorance of or forgetting the proper word, and this gradually becomes fixed as a pathologic habit. Then comes the stage in which the effort to speak with as little stuttering as possible causes abnormal contractions of the muscles of the face and body, the obsession inhibitions having now an obsession motor accompaniment. The third stage is that in which autosuggestion or annoyance and dread amounting to an actual phobia magnify all the phenomena. When the attention is directed away from it, the condition may show some improvement, hence he defines stuttering as a localized form of obsession-neurosis. ED.

733

Suspension Laryngoscopy in Children. W. ALBRECHT, *Jour. Laryngol., Rhinol. and Otol.*, Feb., 1914.

Albrecht states that suspension laryngoscopy in children is much simpler than in adults because of the upright position of the epiglottis, which often permits of a satisfactory view as soon as the base of the tongue is pressed upon, and to the slender neck in children. Clinically, the procedure has rendered more certain the removal of the larger infantile nodes ("screamer's nodes"), the operative treatment of laryngeal tuberculosis, the operative treatment of papilloma which the author considers its great field. Enucleation of the tonsil may also be practiced with suspension laryngoscopy, especially when operating under narcosis. Enucleation may be affected in a few minutes under entire visual control. ED.

737

Cancer of the Larynx with Special Reference to Radium Therapy. J. C. BECK, *Ann. of Otology*, p. 166, 1914.

Beck noticed that in the cases where radium was used the growths changed more than in the cases where it was not used. Microscopically, also, destructive changes could be observed in the tumors. Pain was usually absent. In some cases the radium had an inhibitory tendency on the growth of the carcinoma, in other cases it had no influence whatever. ED.

758

Broncho-Pulmonary Complications in Pharyngo-Laryngeal Surgery. A. CASTEX, *Bull. d'oto-Rhino-Laryngologie*, p. 193, July, 1914.

The prevention of broncho-pulmonary complications may be obtained through the observance of the following precautions: (1) antiseptic

spraying during three days previous to operation; (2) putting the teeth into good condition; (3) no general anesthesia with chloroform; (4) local anesthesia; novocaine for the exterior, and cocaine for the interior; (5) operation in two sittings for laryngectomies, with attachment of the trachea to the skin; (6) a little delay after opening the trachea in holding it open to permit the patient to expel the blood which has entered the respiratory passages; (7) no cannula to be allowed in the trachea; (8) an esophageal tube to remain in position for eighteen days; (9) suturing the bleeding surfaces as much as possible; (10) touching with tincture of iodine the raw surfaces that cannot be sutured; (11) dressing and draining with aseptic gauze and frequent change of dressing. ED.

766

Erroneus Deductions from Tracheal Insufflation. R. C. COBURN, *N. Y. Med. Jour.*, June 20, 1914.

It is Coburn's contention that less shock follows operations performed under insufflated ether, not because it protects against shock better than inhaled ether, but because it relieves the extra burden thrown upon respiration. It has been shown by Crile that ether or nitrous oxide do not produce shock *per se*. But where there is trauma brain cell exhaustion under ether is three times greater than what occurs under nitrous oxide anesthesia in the normal subject. Again, ether when inhaled directly devitalizes the patient through respiratory restriction and by dissolving the blood cell lipoids thereby embarassing the organs of elimination and disintoxication.

While the increased intrapulmonary pressure of tracheal insufflation increases the alveolar oxygen tension and facilitates oxygenation, the alveolar carbon dioxid tension remains unaffected as its percentage varies inversely with the pressure and is not decreased unless there is an increase in alveolar ventilation. Intratracheal insufflation really produces hyperacapnia, necessitating periodic interruptions (according to Meltzer's technic) to partially deflate the lungs and thus increase alveolar ventilation. ED.

771

Indirect Intra-Laryngeal Method for Removal of Benign Neoplasms. H. H. CURTIS, *Jour. A. M. A.*, Nov. 28, 1914.

Cleanse the throat and larynx and then spray into the larynx a 4 per cent cocain muriate solution in small quantity. Apply the same solution to the uvula, pillars and posterior pharyngeal wall and massage these parts with the applicator in order to accustom these parts to the feel of the instrument. Have the patient hold out the tongue or have an assistant use an Escat epiglottis lifter in case the epiglottis is in the way. The head of the patient should be steadied by a nurse and the instrument introduced until all fear on the part of the patient is overcome. In operating it is well to educate the patient to use the vowel sound A, changing to E without moving the tongue. The A changing to E brings the cords to the highest plane possible and gives the best view of the cords to their fullest extent. Then without dropping the cords and in the E emission, at the command "Now," the patient should be taught to take a deep breath suddenly without making any sound or body movement and with com-

plete relaxation. At that instant the forceps are introduced and the growth is seized. This applies to the subglottic growths and those on the border of the cords. Growths situated on the upper surface are removed during the E emission. ED.

783

Perichondritis of the Larynx. V. FRUHWALS, *Wien. Klin. Woch.*, Jan. 15, 1915.

Fruhwals cites two cases of perichondritis of the thyroid cartilage manifesting itself as an exolaryngeal and endolaryngeal swelling. Both cases were secondary to tuberculous ulceration of the larynx and were treated by incision and drainage. In one of the cases extensive tubercular granulations of the wounds were treated with radium with moderate relief. ED.

786

Intermittent Claudication of the Larynx. J. GAREL, *Ann. Des Mal. de l'Oreille*, No. 6, 1914.

Garel reports a case of intermittent aphonia in a patient aged 48 years, who was at the same time a subject of claudication of the right leg. At an earlier stage of the trouble the intermittent aphonia did not occur during singing, only during speaking, except if the patient happened to sing flat or below the tone necessary for him to retain his vocal powers. In such an event he would be taken with a constriction of the throat followed by an aphonia of long duration. The patient has lately been troubled with eye fatigue, making it difficult to read or write, even large characters. ED.

796

Scarlet Red in Tubercular Laryngitis. E. E. HINMAN, *Albany Med. Ann.*, p. 18, Feb., 1914.

The ointment that Hinman uses is of 10 per cent strength and has a base composed of equal parts of oil of sesame and petroleum. The drug is said not to be irritating and the applications are not distressing. The first and most surprising result obtained was a very prompt relief of pain. This was noted in every case in which pain had been present. It was reduced in all cases and relieved entirely in some. In all cases but two (in these the disease was far advanced and the patients died soon after) ulcerations showed a tendency to heal. A few patients presented only infiltrations and edema but these subsided very markedly after a few weeks' treatment with scarlet red. However, these were incipient cases which improved generally during this time so that the local improvement may have been due as much to the general improvement as to the local action of the dye. But it is very possible that the drug has a selective action through the unbroken mucous membrane. ED.

802

Value of Roentgenography in Diagnosis of Diseases of the Larynx and Trachea. S. IGLAUER, *Jour. A. M. A.*, Nov. 21, 1914.

Ordinary examinations will ordinarily afford satisfactory diagnoses of diseases of the larynx and trachea but these observations are for the most part limited to a study of the changes in the lining mucous membrane

and give no certain data concerning the deeper parts. X-ray examination gives additional information concerning the pathological changes in the underlying cartilages. These are more or less involved whenever the mucous membrane is chronically inflamed, such as in tuberculosis or syphilis. In stenosis or distortion of the lumen of the larynx or trachea, X-ray examination usually reveals the seat, nature and extent of the lesion. Roentgenography allows, also, the study of the effects of operation, the position of tubes, etc. ED.

805

Extirpation of the Arytenoid Cartilage in Laryngeal Stenosis. IWANOFF, A., *Rev. hebd. de Laryn. otol. et de rhin.*, Feb. 21, 1914.

In stenosis of the larynx, due to immobilized median position of the vocal cords, Iwanoff recommends extirpation of the arytenoid cartilage in order to secure and maintain a larger glottis and thus dispense with the permanent use of the tracheal cannula. A case is related in which the operation proved satisfactory and the operation itself is described in detail. ED.

806

Resection of the Vocal Chords in Laryngeal Stenosis. A. IWANOFF, *Rev. hebd. de Laryn. d'otol. et de rhin.*, Feb. 28, 1914.

Iwanoff reports four cases of laryngeal stenosis in which he has resected the vocal cords in order to permit the patient to breathe without the use of a cannula. The stenosis was due to the median position of the vocal cords. Iwanoff states that the voice is not much impaired and in some cases it is even better than in many cases of chronic laryngitis. ED.

807

Direct Method of Laryngeal Operations. C. JACKSON, *Jour. A. M. A.*, Nov. 28, 1914.

Jackson concludes that the direct method is the one of choice in laryngeal operations in children. The indirect or mirror method is applicable only to adults. The reversal of the image sagitally, without reversal laterally, compels the operator to develop the ability to move his forceps backward when the image appears to require a forward movement and, more difficult still, is the necessity to combine for diagonal movement a reversed anteroposterior with a true lateral movement. The difficulties of the direct method do not require such prolonged practice to overcome as the indirect.

No anesthetic, general or local, is required in operating on the larynx in children. Local anesthesia should be used in adults, general anesthesia being used only when cocain is contraindicated or when it will interfere with the operation (as in too much shrinkage of the part to be removed). ED.

809

Severe Non-Diphtheritic Stenosis of the Larynx in Children. KOECK, *Muench. med. Woch.*, Aug. 18, 1914.

The atypical form of croup usually attacks children of the school age. It is at first an ordinary rhinolaryngitis in which stenosis develops slowly

and steadily until severe air hunger demands intervention. The condition, as a rule, rights itself spontaneously from the fourth to the sixth day. The author reports two cases in nurslings. One child suffered a relapse and died of pneumonia. The second attack of laryngitis was phlegmonous and the combined condition represented a pyogenic infection. Intubation and tracheotomy were without avail. Koeck believes that pyogenic infection of the larynx causes greater injury than the Klebs-Loeffler bacillus and that intubation is contraindicated in such cases. ED.

811

Histological Examination of the Superior Laryngeal Nerve After Injections of Alcohol. LANNOIS and BERIAL, *Rev. hebd. de Laryngol.*, March 7, 1914.

The authors report nine cases in which they examined the superior laryngeal nerve in patients who succumbed a few days after injections of alcohol for the relief of pain in laryngeal tuberculosis. These examinations were controlled by similar examinations in cases of laryngeal tuberculosis who had not been subjected to alcoholic injections. It may be said in general that the results modified the nerve trunk very little. When histological modification was present it was always periaxial. ED.

813

Effect of Ultra-Violet Rays and Their Therapeutic Use in Laryngology. E. LAUTENSCHLEGER and S. ADLER, *Arch. f. Laryngol.*, Bd. 29, H 1, 1914.

The results of the authors correspond with those of Friedberger and Shioji and show that in order to obtain any bactericidal action from ultra-violet rays the irradiation must be continued for a long time. The practical use of this method so far as the mouth is concerned is very slight. In cases where virulent germs are massed in the tonsil region or pharynx (such as streptococci in recurrent angina and chronic rheumatism, diphtheria bacilli in rebellious bacilli carriers) the tonsils should be removed radically and no dependence placed on sterilization by means of ultra-violet light. ED.

821

A Report of Two Hundred and Forty-One Cases of Laryngeal Tuberculosis Treated at the Rutland Sanatorium. JAMES A. LYONS, *Boston Med. and Surg. Jour.*, July 2, 1914.

Early or incipient laryngeal lesions are the ones most amenable to treatment. But over-treatment is avoided. The larynx is examined at least three times a week. Each examination is followed by a spray with Dobell's solution and this is then followed by a spray with a ten or a twenty per cent solution of argyrol. A steam inhalant consisting of eucalyptol four parts, tincture of benzoin sixty parts and menthol two parts is employed when there is tracheitis. Or else an intratracheal injection of guaiacol nine parts, eucalyptol two parts and menthol one part in a saturated solution of iodoform in ether one hundred parts, is prescribed. The application of medicaments to the larynx on cotton swabs is avoided. It implies traumatism. The less these cases are interfered with the better.

In ulcerated cases local applications are made with Lake's mixture (lactic acid fifty parts, formalin seven parts and carbolic acid ten parts),

but it is most expedient to limit the use of this mixture to not more than two or three times a week. If the application causes pain the strength of the lactic acid should be reduced. On alternating days the larynx is sprayed with 20 per cent argyrol. BERRY (MOSHER.)

826

Total Laryngectomy for Cancer. W. M. MINTZ, *Russky Vratch*, April 19, 1914.

Mintz reports the histories of twenty-nine cases in which he performed total laryngectomy for carcinoma. Seven of the patients (24 per cent) lived for more than one year and three are in good health to date, after seven, eight and twelve years, respectively, since the operation. ED.

831

Spontaneous Cure of Cancer of the Larynx. PUGNAT, *Arch. internat. de Laryngol, d'Otol. et de Rhinol.*, May-June, 1914.

This case occurred in a man, 60 years of age. An oval, red tumor as large as a bean occupied the entire left arytenoid region to the left vocal cord. This it masked entirely. Microscopic examination of a fragment removed with cutting forceps confirmed the clinical diagnosis. As surgical intervention was refused by the family, warm sprays of an aqueous solution of adrenalin 1 to 10,000 were prescribed five or six times daily. An oily adrenalin solution was instilled into the larynx every two days.

The tumor gradually decreased in size, and after some weeks the voice (the patient had been hoarse for several months) was almost normal in tone, the anterior two-thirds of the left vocal cord had become visible and at the end of three months there was no more hoarseness. By the end of the following month the larynx had become absolutely normal and no trace of the tumor was there.

A submaxillary ganglion on the left side which had been enlarged and of hard consistence had not diminished in volume and had even become more indurated. Eleven months after the entire disappearance of the laryngeal growth the patient returned with a submaxillary growth about the size of a mandarin orange at the same place where the enlarged gland had been noted in the first instance. The larynx, however, had remained perfectly normal. The submaxillary tumor continued to grow and death occurred from hemorrhage of the carotid artery. ED.

856

Gold Cantharidin and Tuberculosis, With Especial Reference to Laryngeal Tuberculosis. G. SPIESS and A. FELDT, *Deut. med. Woch.*, March 19, 1914.

The authors have found that when combinations of gold cyanid and cantharidin are injected intravenously in a 2.5 per cent aqueous solution very encouraging results were obtained. Their experiences cover one hundred cases of localized tuberculosis, i. e., skin and laryngeal, and the action somewhat resembles that of tuberculin. The local reaction is especially marked after the first injection. The initial dose for adults is 0.025 gm., the maximal dose for women 0.075 gm. and for stronger persons 1.0 gm. ED.

861

Intrinsic Cancer of the Larynx; Complete Excision Apparently Affected by Endolaryngeal Operation. St. C. Thomson, *Jour. A. M. A.*, Sept. 19, 1914.

In one case Thomson was able to remove the growth with the laryngeal forceps by the natural route. The tumor was examined microscopically and found to be a true epithelioma. At the subsequent operation, about one month and a half later, operating from the outside, no trace of the cancer was found remaining. The instructive conclusions that are drawn by Thomson from this case are: (1) Cancer of the vocal cords is, in its early stages, a slowly progressive and strictly limited process. Alteration of voice may be the only symptom. Persistent hoarseness in any patient calls for a definite diagnosis. (2) Diagnosis is based chiefly on inspection of the larynx. Microscopic examination is only available when the growth is superficial and is not an infiltrating one. (3) Even when the growth occupies the entire length of the vocal cord it can sometimes be entirely removed, in early cases, by endolaryngeal operation. This completeness can be ascertained only when by laryngofissure the remains of the vocal cord and adjoining parts have been submitted to microscopic examination. (4) Laryngofissure is the operation of choice in all cases of endolaryngeal cancer. (5) The operation offers the best prospects because the disease remains for some time superficial and limited and laryngofissure is not a dangerous operation. (6) A lasting cure may be obtained in 80 per cent of cases and if patients would present themselves earlier for diagnosis there is no reason why the results should not be more satisfactory.

862

Three Years' Sanatorium Experience of Laryngeal Tuberculosis. St. C. Thomson, *Brit. Med. Jour.* Apr. 11, 1914.

Thomson states that in pulmonary tuberculosis the larynx is frequently involved. The total number of cases treated during the period of three years was 178, and more than half of these were improved or arrested. The expectation of life among consumptives is markedly decreased by the complication of laryngeal tuberculosis. It may be present even though the patient's voice is unaltered and he makes no complaint about his throat. The larynx should be carefully inspected in every case of pulmonary tuberculosis. In some cases the larynx improves while the lung gets worse; the reverse is rarely the case. By sanatorium treatment tuberculosis of the larynx may be arrested in 20.7 per cent of cases. The galvanocautery is at present the best means of local treatment. Of the 178 cases it affected a cure in 41.60 per cent of the cases in which it was employed. Ed.

871

Meltzer Insufflation in Internal Disease. A. A. H. Van der Bergh and E. D. Wiersma, *Nederl. Tijdschr v. Genessk*, Aug. 8, 1914.

Van der Bergh and Wiersma know of few instances in which the Meltzer and Auer method was applied in internal medicine. They report the case of a patient a woman, with a cerebellar tumor which was evidently affecting the respiration center as she suddenly stopped breathing one morn-

ing. Intratracheal insufflation was applied with prompt and striking benefit. It was kept up all day but nevertheless the woman died that evening. In introducing the catheter into the larynx care should be taken that it does not go astray into the esophagus, as the oxygen might injure the lining of the stomach. ED.

873

Excision of the Vocal Chord for Recurrent Laryngeal Paralysis. VOISLAWSKY, *Pennsylvania Med. Jour.*, Nov., 1914.

The bilateral paralysis followed an operation for goiter. After various unsuccessful efforts the larynx was cocainized with a Jackson bronchoscope and the left vocal cord excised with a Cordes punch. For several days subsequently the patient was intubated. Breathing was made easier and there was improvement in talking. At subsequent examination it was found that a white band of scar tissue had replaced the excised vocal cord and this approximated with the right vocal cord in phonation. ED.

875

Treatment of Dysphagia in Laryngeal Tuberculosis. WETTERSTAD, *Norsk. Mag. f. Legevidensk*, No. 1, 1914.

Wetterstad reviews the various methods available for dysphagia but states that he has obtained the best results with perenural alcohol injections. ED.

877

Anesthetizing the Larynx. C. YORKE, *Brit. Med. Jour.*, June 13, 1914.

Anesthesia of the larynx by injections of novocain around the laryngeal nerves is of value: (a) When cocain will not induce complete anesthesia as in inflammatory and highly irritable conditions of the larynx; (b) when deep anesthesia is required such as when the cautery is used; (c) when the patient has an idiosyncrasy to cocain. ED.

879

Tuberculous Tracheo-Bronchial Adenopathy in the Adult. L. BERNARD, *Paris Med.*, April 11, 1914.

Leon Bernard asserts that physical signs in tracheobronchial adenopathy in children (paravertebral dullness, bronchial breathing, d'Espine's sign) are rather frequently met with in adults also. X-ray examinations show that the glandular involvement in adults is never more than a minor one. The presence, however, of paravertebral bronchial breathing in adults does not warrant a diagnosis of tuberculous disease of the tracheobronchial lymphatics. ED.

880

Tracheotomy. CARROLL, *Lancet-Clinic*, Aug. 15, 1914.

Carroll prefers the high site of operation because the cases which he reports were of laryngeal diphtheria in which previous intubation had failed and the membrane was already located in the trachea. In the high site the intervening tissues are fewest in number, the chance of severe hemorrhage is less and the landmarks are evident. Dissection is preferable to stab tracheotomy. Tracheotomy is indicated when an in-

tubation or an extubation fails to produce relief. Serum treatment should not be depended upon too much and tracheotomy put off too long. The most important part of the after-treatment is stimulation. ED.

882

Broncho-Tetany in Adults and Its Treatment with Calcium H. CURSCHMANN, *Muench. med. Woch.*, Feb. 10, 1914.

Curschmann called attention some years ago to the connection between asthma and other symptoms suggesting vagus and sympathetic disturbances and he classified the syndrome as *intermittent Basedow-asthma.* Further study of such cases revealed signs of tetany, especially the Chvostek sign, after the attack in some of the cases. In one case in which the observations were very detailed calcium chlorid treatment cured the tendency to asthma and with it all the signs of tetany. The same success was obtained with the other patients. This confirms the view that the same irritation producing the asthma acts on the other organs innervated by the vegetative system and thus on the thyroid, stimulating this organ to periodic hypersecretion. On the other hand the stimulation may affect the parathyroids most in which event bronchotetany would be the chief manifestation. Epinephrin would be contraindicated in bronchotetany as it tends to increase the symptoms of tetany. ED.

889

Thymectomy for Tracheo-Stenosis Thymica. A. FISCHER, *Muench. med. Woch.*, Vol. 61, 1914.

Fischer considers that this is a condition in which the trachea is compressed by the hyperplastic thymus. The operation of choice for the removal of the condition is partial intracapsular thymectomy with thyreopexy. He reports the case of a 2-year-old child in which he performed this operation. After exposing the thymus, he opened the capsule, resected a portion of the gland, inserted a cannula into the trachea to prevent its collapse and sewed the anterior wall of the capsule to the periosteum of the sternum. Improvement in the breathing was immediate and the eczema and enlarged submaxillary glands present before the operation disappeared about the tenth day after the operation. ED.

893

Foreign Bodies in the Air Passages. R. J. GODLEE, *Can. Pract. and Rev.*, Jan., 1914.

A man, 65 years old, inhaled a green pea, and upon bronchoscopic examination it was found that this was lodged firmly impacted in the right bronchus. As disintegration of the pea seemed likely if it were seized with forceps with probable septic pneumonia resulting from the penetration of the fragments into the smaller bronchi it was removed in the following way: The end of the bronchoscope tube was placed firmly against the pea and a piston of cotton wool, moistened with liquid paraffin, was passed slowly down the tube until it came in contact with the pea. The piston was then slightly but suddenly withdrawn so that the pea was sucked into the lower end of the tube. The piston, pea and bronchoscope were then withdrawn together. ED.

896

Intra-Bronchial Injections of Medicated Oil in Treatment of Gangrene of the Lungs. G. GUISEZ, *Bull. de l'Acad, de Med.*, March 31, 1914.

Ten patients treated by the author by the injection of about 20-25 c. c. of medicated oil directly in a bronchus, were cured. The patients had single or double gangrene with fever and extreme prostration. Others have confirmed this almost specific action in gangrene but tuberculosis is more refractory. He used among other drugs a 5 or 10 per cent. solution of guaiacol in oil. ED.

924

Tracheo-Cricostomy. SARGNON, *Lyon med.*, April 19, 1914.

Tracheocricostomy is indicated in all stenoses which do not extend up to the thyroid cartilage in which the more commonly employed complete tracheolaryngostomy is indicated. After tracheocricostomy there is much less trouble from local infection extending from the mouth. Healing takes place more rapidly because the dressing is firmly held and need not be replaced for some days. The voice also returns more quickly than after tracheolaryngostomy; in the latter condition this may take months. The wound is smaller, too. Segmental resection of the narrowed cricoid ring may be substituted or combined with tracheocricostomy. ED.

961

Removal of Foreign Bodies from Esophagus and Lower Air Passages in Children. D. C. GREENE and F. E. GARLAND, *Boston Med. and Surg. Jour.*, p. 518, April 2, 1914.

The authors report on twenty cases of foreign bodies removed by them from the esophagus and lower air passages by endoscopy, at the Boston Children's Hospital during the past five years. A successful result attended all but two of the cases.

General anesthesia, together with local anesthesia if the larynx be entered, was safe and preferable. Jackson's 7 mm. tubes were small enough to permit exploration of the main bronchi in the youngest children. On account of the greater field for instrumentation Mosher's open speculum has proved the best in laryngeal work, and his oval esophagoscope is preferable in the esophageal work; while Coolidge's forceps are the most satisfactory in grasping foreign body. BERRY (MOSHER.)

964

Esophageal Intubation. GUISEZ, *Presse medicale*, Jan. 31, 1914.

Guisez introduces specially devised rubber tubes into the lumen of the esophagus. The tubes are five or six centimeters long, of graduated diameters, with the upper extremity funnel-shaped, the lower pyramidal. The lower end is open for the passage of food beyond the stenosis. The tube is introduced in the following way: The dilated portion of the esophagus above the stenosis is first irrigated to reduce local inflammation. The throat is anesthetized and relaxed with 5 per cent cocaine solution and an an esophagoscope broad enough to allow the introduction of the tube as far as the stenosis is introduced. The remaining small esophageal passage is anesthetized and cautiously dilated with bougies of increasing

size. A bougie may be left in for hours. Finally an intubation tube, slightly smaller in caliber than the last bougie is lubricated and introduced. Five or six days later a broader tube is inserted and still later broader ones, until No. 28 or 30 is reached. With this number soups will pass easily. The tubes are cleansed from time to time and may be carried indefinitely.

The author's results have been so good, especially in cancer, that gastrostomy has been reduced to an extremely small number of cases. ED.

967

Foreign Bodies in the Esophagus or Air Passages of Young Children. GUISEZ, *Bull. de la Soc. de Ped.*, March, 1914.

Guisez reports eleven cases and emphasizes the difficulty of determining whether the foreign body is in the esophagus or in the trachea because of the fact that spasm of the glottis frequently complicates the picture. In three of his cases, in which this occurred, the children coughed and seemed to be suffocating. In one of the cases tracheotomy was done, but the safety pin was not found. It was voided later with the stools.

At first the cough and dyspnea are instructive. Later the air passages become tolerant of the foreign body. Guisez believes that many children die from the effects of an aspirated foreign body when the trouble is diagnosed as bronchitis or pneumonia. In one case a child coughed up a fish scale which had been the unsuspected cause of an attack of bronchitis lasting four months. Guisez reports another instance in which it was known that the child swallowed a foreign body, but it was believed that it would be passed by the bowel. The child coughed, and several physicians suspected tuberculosis, but after eighteen months the child coughed up the foreign body and the lung trouble ceased. ED.

971

Plastic Operations on the Esophagus. A. JIANU, *Deut. Ztschr. f. Chir.*, p. 397, Oct., 1914.

In two further cases Jianu has applied his method of making a new esophagus out of a strip of tissue cut from the greater curvature of the stomach and brought up under the skin of the chest to form a tube opening into the stomach. ED.

976

Radium Treatment of Carcinoma of the Esophagus and Cardia. C. LEWIN, *Therap. d. Gegenw*, Vol. 4, p. 103, 1914.

Lewin has had more or less favorable results in 25 cases, except in a few that were hopeless from the start. One case was completely cured, from a clinical point of view, after five months' treatment. The radium or mesothorium was placed in a gold or platinum filter, covered with a hard rubber cover and introduced by means of a hollow sound. The amount used was from 50-80 mg. and left in position for two to four hours. The treatment was given two or three times a week for about five weeks and was combined with external treatment with X-rays or radium and sometimes with injections of atoxyl. ED.

983

Extra-Thoracic and Intra-Thoracic Esophagoplasty in Resection of the Thoracic Portion of the Esophagus for Cancer. WILLY MEYER, *Journal of the A. M. A.*, p. 100, Jan. 10, 1914.

Willy Meyer describes the technique of the Jianu operation, which utilizes the major curvature of the stomach for the creation of a tube, one end of which remains in connection with the gastric fundus while the other end can be drawn up. In three patients on whom Meyer performed this operation the results were successful. The operation creates a new tube of ample size, surrounded by peritoneum and provided with a good lumen through which the patient will be able to pass his food. Meyer describes in detail the operation of extra-thoracic esophagoplasty in which the tube is transposed under the skin of the thorax, and the operation of intra-thoracic esophagoplasty in which it is pulled up into the pleural cavity through a hole in the diaphragm. ED.

998

Corps Etrangers du Tube Digestif. ST. PIERRE, *L'union Medicale du Canada*, Dec., 1914.

The case referred to, a little girl, aged 3, was suffering from pains in the rectum. On inquiry it was learned that when the child was 8 days old, it had swallowed an open safety pin. The child suffered for some minutes, spat up a little blood, and had no further trouble. The surgeon found the pin fixed in the lateral right side of the rectum with its point buried in the mucous membrane. The author reviewed at some length the subject of foreign bodies in the alimentary canal as suggested by this case. In the esophagus, there are three narrow points, the junction of the pharynx and esophagus, behind the fork of the sternum, and the cardiac end. The measurement of the esophagus is usually 15 m. m. in diameter, but a cylindrical body of 18 to 19 m. m. in diameter, may pass without much difficulty. The esophagus is very tolerant of pieces of money. Coins have remained in the tube without any accident for fifteen days, six months, and over three years. Ulceration of the mucous membrane results from pressure, and in some cases, comes on very rapidly. A 5 centime piece caused perforation within twenty-four hours. Radiography will not always reveal the presence of foreign bodies. WISHART.

999

Technical Points for Plastic Operations on the Esophagus. SYRING, *Deut. Ztschr. f. Chir.*, Vol. 128, Nos. 3-4, 1914.

The author reports the case of a girl, 22 years old, on whom a plastic operation for stricture of the esophagus was performed. The stricture was caused by silver nitrate corrosion.

A loop of jejunum was used, beginning about 35 cm. below the jejunoduodenal fold. About 20 cm. of the jejunum was freed of its mesentery, resected transversely at the lower end, drawn up through a slit in the mesocolon and the upper opening sutured into the skin of the thorax so that the motion was antiperistaltic. The esophagus was connected with the stomach by anastomosis and then a lateral anastomosis made between the transplanted loop and the distal end of the jejunum which had been closed. The transplanted loop was narrowed by the

torsion of silk sutures around it. The loop, which opened at the level of the nipples, remained well nourished but the upward peristalsis soon proved disastrous. Food given through a Witzel fistula, that had been established before the operation, was rejected a short time after being given through the upper opening. An attempt to prevent this was made, first by sectioning the transplanted loop between the anastomasis, in order to prevent regurgitation from the duodenum, and later by separating the mesentary, still attached to the loop, in order to cut off nervous influences. These attempts were unsuccessful and the patient died of intercurrent tuberculosis.

In Roux's method the loop is placed in such a position that peristalsis takes place in the normal direction. As it was believed that the direction of peristalsis was of no significance and that peristalsis gradually stopped the antiperistaltic action was deliberately chosen, especially also since it was more convenient. But the case in this report shows that this idea is misleading and dangerous. Syring believes that the autonomous system of ganglia in the intestinal wall determines the intestinal movements—as this case tends to show.

In discussing the Jianu operation of forming a tube from the greater curvature of the stomach Syring believes, from his experiments on seven dogs, that the method is not without danger, although it is not difficult to perform. At any rate, Meyer's suggestion should be followed to scarify the serous coat at the point of its entrance into the stomach in order to cut off the nerve conduction to the tube as much as possible. The communicaion between the tube and stomach should be made as small as possible (by torsion of the tube according to Gevsuny's method) in order to make the regurgitation of contents from the stomach into the tube difficult. He also recommends atropine and papaverine to decrease vagotonus. ED.

1002

Restoration of or Substitution for the Esophagus. V. VON HACKER, *Arch. f. klin. Chir.*, Oct., 1914.

In a girl, twelve years of age, who suffered an impassable corrosion of the esophagus from drinking lye the operation that von Hacker planned was to take a segment of the transverse colon and implant it in the lesser curvature of the stomach and bring the other end up under the skin nearly to the clavicle. The esophagus was severed above the stenosis and the proximal stump brought out through a transverse incision in the neck and worked down under the skin and sutured to the upper end of the colon segment. The operation proved entirely successful. ED.

1008

Rare Disease of the Esophagus. E. WOECHLIN, *Korrespond. Bl. f. Schweizer Aerzte*, Aug. 20, 1914.

Woechlin reports a case in which the superficial lining of the esophageal mucous membrane was cast off *en masse* during vomiting. He names this disease *esophagitis dissecans superficialis*. ED.

1104

Diphtheria Bacilli May Penetrate All the Organs. LIEDTKE and VOELCKEL, *Deutsche med. Woch.*, March 19, 1915.

Liedtke and Voelckel point out the fallacy of the view that diphtheria bacilli possesses little or no ability to invade animal organs. The bacilli do not all escape by the urine for many may enter the viscera. There is reason to believe that there is visceral invasion in the more severe cases of the disease. It is therefore a question if many "mixed septic cases" with invasion of the tissues by pyogenic cocci are not in reality cases of severe uncomplicated diphtheria. The organs found to contain diphtheria bacilli are the heart, lungs, liver, spleen and bone marrow. ED.

1110

Treatment of Diphtheria Carriers. H. R. MILLER, *Med. Rec.*, July 25, 1915.

The author has found the following method highly succcssful: The patient's throat is thoroughly sprayed, one hour before or at least two hours after the ingestion of food or fluid, with a solution of one per cent of the usual forty per cent formaldehyde solution. The spray is used every three or four hours and treatment for from three to six days may be required. ED.

1113

Lactic Acid Bacilli in Diphtheria. S. T. NICHOLSON and J. F. HOGAN, *Jour. Amer. Med. Ass'n.*, Feb. 14, 1914.

The authors tried this treatment in nine cases, and the results obtained were exceedingly encouraging and better, they claim, than from any other method used. Cultures from live lactic acid (Bulgarian) bacilli were sprayed into nose and throat and in a few cases ordinary sour milk was used as a gargle also. ED.

1114

Active Immunization in Diphtheria. PARK, ZINGHER and SEROTA, *Jour. Amer. Med. Assn.*, Sept. 5, 1914.

The authors describe their method as follows: "Mixtures of diphtheria toxin and antitoxin were prepared, either neutral or slightly toxic to the guinea-pig. A strong diphtheria toxin was used where the minimum lethal dose was 0.0023 cc. and L+ dose, 0.27 cc. The mixtures represented B, 50 per cent; A, 66 per cent; G, 66 per cent; F, 80 per cent, and E, 90 per cent. L+ toxin to each unit of antitoxin. The injections were made subcutaneously or intramuscularly in doses of from 0.25 to 1 cc. of undiluted vaccine. A few of the non-immune persons received as high as from 3-5 cc. at each injection and the dose was repeated two or three times at intervals of three to seven days. The injections were made in the intrascapular region and the local reaction of redness, induration and pain varied according to individual susceptibility."

The active immunization was controlled by determining the antitoxin content before the injection and again three weeks later. They found that persons with natural antitoxin gave a ready response to active immunization. Their year's experience assures the authors that persons with a negative Schick test can be safely exposed to diphtheria. Those

exposed to infection should be passively immunized but the use of the Schick test will obviate the necessity of immunizing about two-thirds of those subjected to exposure. The persons found to be naturally immune continue as a rule to remain so. ED.

1118

Effectual Inoculation Against Diphtheria. P. ROHMER, *Berl. klin. Woch.*, July 20, 1914.

It is possible to give the strongest preparation of the mixture of diphtheria toxin and antitoxin (TA. VI) to infants without unfavorable reaction. One-tenth of one cc. was chosen as the amount to be injected; in each case dilutions varying from 1:20 to 1:5 were injected. The dose was increased at each subsequent injection.

In infants under four or five months of age the injections failed to increase the antitoxin content of the serum, while in all above this age there was an increase, marked in some cases. The most marked reactions are specific, the reactions of the second and third order, doubtfully so. ED.

1126

Active Immunization Against Diphtheria. E. SCHREIBER, *Therap. d. Gegenw.*, March, 1914.

Schreiber has applied Behring's method of immunization against diphtheria to more than 700 school children and he finds that the intracutaneous seems the best route for the injection. As the vaccine is a mixture of toxin and antitoxin it contains only small traces of albumin so that there is little danger of anaphylaxis from its use. No untoward by-effects were noted in any instance except a local reaction to the injection at times. Younger children and infants give less reaction than older. Some children respond to the injection with remarkable production of antibodies; in a few instances there seemed to be no response. Everything points to the assumption that a liberal production of antibodies protects against diphtheritic infection. ED.

1159

Relation of Pathologic Conditions in the Nose and Throat to Hyperthyroidism. S. P. BEEBE, *Jour. A. M. A.*, Aug. 29, 1914.

Beebe considers the relation of thyroid disease to previous infections. Hyperthyroidism is, in many patients, the termination of an infection which has begun in the tonsils and Beebe says that he has not seen a necropsy in these cases which did not show the characteristic pathology of status lymphaticus. A large percentage of patients with exophthalmic goiter have enlarged tonsils and adenoids and give a history of repeated attacks of acute tonsillitis. Nose and throat infections are undoubtedly the commonest to which man is subject and if one is so disposed to so many of our ills may be credited to them. It is not rare to find, however, that rapid enlargement of the thyroid with characteristic symptoms of hyper-activity has immediately followed a severe tonsillar infection. ED.

1179

Chronic Malignant Degeneration of the Thyroid. F. A. CARMICHAEL, *Jour. Amer. Med. Assn.*, Jan. 3, 1914.

Patient 50 years old and had noticed the growth since he was 15 years old. Until a few years ago it did not grow any larger than a walnut; then it began to rapidly increase in size so that finally it had to be suspended from the neck in a large handkerchief. The entire right lobe, isthmus and most of the left lobe were removed but within a week the left lobe was enlarged and within six months a metastatic growth appeared on the sternum.

Sarcomatous changes in the thyroid follow the same course as in other organs. Adenocarcinomatous changes seem to follow an extremely chronic course and are very insidious in their development. ED.

1188

Diarrhea of Thyroid Origin. H. CURSCHMANN, *Arch. f. Verdauungskrankh.*, Feb., 1914.

Curschmann explains why surgeons encounter diarrhea in nearly 50 per cent of their cases, as due to the fact that they see the advanced cases only in which diarrhea is frequent and adds to the seriousness of the prognosis. Important symptoms in diagnosis are the Loewi test (midriasis on the instillation of epinephrin in the eye) and a lymphocytosis in the blood which Kocher regards as pathognomonic; but these are only links in a chain of symptoms. The connection between the pancreas and thyroid suggests that pancreatic extract might be tried in cases of diarrhea of thyroid origin and may render thyroid resection unnecessary. In conclusion, Curschmann warns that all cases of obstinate "nervous" diarrhea even in the absence of other symptoms of thyroid disturbance, be regarded as being of thyroid origin. ED.

1214

Operative Treatment of Exophthalmic Goiter. D. GLASERFELD, *Mitt. a. d. Grenzgeb. d. Med. und Chir.*, V. 18, No. 1, 1914.

Glaserfeld has compiled from the literature 2,032 operations on the thyroid, with a mortality of 5.4 per cent. The percentage, however, is growing constantly less with improved technic and a better understanding of the contraindications. Of 534 cases, 349 of the patients regard themselves as cured and 88 very much, and 41 considerably improved. The operation was a failure in only 31 and there had been a recurrence in 25 In later series the cured and improved reach 73 to 90 per cent. The only way to estimate the value of operative treatment is to have internists and neurologists make systematic after-examinations from a uniform standpoint. ED.

1218

Lack of or Excess of Iodin as a Factor in Thyroid Disease. GRUMME, *Berl. klin. Woch.*, April 20, 1914.

Grumme presents arguments to sustain the view that a lack of metabolized iodin is the cause of myxedema, while exophthalmic goiter is the result of an excess of non-metabolized iodin. In other words, the primary cause of myxedema is a deficiency of iodin in the food,

while the cause of exophthalmic goiter is a functionally weak thyroid with a sufficiency or an excess of iodin in the food. Experience has already demonstrated that cretinism myxedema and endemic goiter are favorably influenced by the administration of thyroid extract. Iodin in any form, organic or inorganic, or food containing iodin, is distinctly injurious in exophthalmic goiter and also in ordinary goiter not of the endemic type. Endemic goiter may be treated with benefit with iodin but it is contra-indicated in the sporadic form. ED.

1224

Significance of the Thymus in Exophthalmic Goiter. W. S. HALSTED. *Bull. Johns Hopkins Hosp.*, Aug., 1914.

Of late Halsted has made it a rule to examine the contents of the space between the trachea and the manubrium for the purpose of discovering the possible presence of an enlarged thymus gland. In two cases did he find the thymus enlarged and in these the thymus symptoms predominated (attacks of dyspnea, diarrhea, no tachycardia or marked enlargement of the thyroid and no very definite eye symptoms. That the thymus plays an important part in Graves' disease there is no question. Some of the most puzzling features of exophthalmic goiter are made possible of interpretation by the discovery of the influence which the thymus may exert. ED.

1247

Iodin and Exophthalmic Goiter. A. KEMPNER, *Centralbl. f. d. Grenzgeb. d. Med. u. Chir.*, July, 1914.

The administration of small doses of iodids for arteriosclerosis, tabes or suspected tumor in the brain may elicit symptoms of Basedow's disease in persons with a goiter. True Basedow may also develop from an acute thyroiditis. Kempner warns that a family predisposition to goiter, Basedow and aneurysm of the aorta is sometimes evident and calls for special precaution in giving iodin.

1250

Operative Treatment of Exophthalmic Goiter. H. KLOSE. *Berl. klin. Woch.*, Jan. 5, 1914.

Klose believes that in perhaps every case of Graves' disease there is also some involvement of the thymus because Graves' disease is one of the entire branchial system. The degree to which either the thymus or the thyroid glands are involved is variable, although in the majority of cases the essential process is one of thyroid origin in which the thymus is only quantitatively affected. It recovers its normal condition spontaneously after reduction of the thyroid by operation. In other cases both glands are involved, in a specific sense, though the glands themselves need not necessarily be enlarged. This type of thymus is one of the most dangerous for the individual because of its toxic action upon the heart. In some of the severest cases of this type Klose finds the thyroid is infiltrated with tissue of a thymus nature, and he speaks of a "thymization" of the thyroid. It may also be shown experimentally that such thymus glands are more toxic for animals than normal ones. In still another group of cases the essential process is limited to the thymus with practically no involvement of the thyroid.

The procedure in therapy is to be recommended in these cases as in the thyroid group—operative removal of the thymus. While it is difficult to diagnose qualitative involvement of the thymus in Graves' disease, certain criteria are of some help. These criteria are widening of the shadow in the x-ray picture of the mediastinum, the finding of myasthenia in testing the muscles with electricity and the predominance of vagotonic symptoms with unusually high absolute values for the lymphocytes in the blood.

There have been no fatalities in 200 operations for thymus extirpation during the last two years. The rapid improvement in the general condition of the patients and the very slight post-operative reactions have been very striking. ED.

1251

Exophthalmic Goiter and the Thymus. A. KOCHER, *Arch. f. klin. Chir.*, Oct., 1914.

Kocher believes that hyperplasia of the thymus is more frequent in younger Basedow patients. In fourteen cases coming to autopsy no special histologic findings in the thymus were discovered. ED.

1253

Cancer of the Thyroid. X. W. KOVARSKY, *Rev. med. de la Suisse rom.*, Jan. 20, 1914.

Kovarsky gives the case histories of most of thirty-three cases of cancer of the thyroid. No constant connection could be discovered between the type of the cancer and its clinical course. Nine of the sixteen patients with epithelioma were men and two of the five with sarcoma.

As a rule the malignant tumor of the thyroid develops insidiously and a year or more may elapse before the tumor begins to cause inconvenience. Then it begins to grow rapidly and interferes with speech and swallowing.

Metastasis in various organs is frequent but Kovarsky found only one instance of a metastasis in bone. ED.

1302

Treatment of Exophthalmic Goiter. K. PETREN, *Hygiea*, V. 76, No. 18, 1914.

Petren discusses the indications in exophthalmic goiter that call for surgical treatment and concludes that the cardiac symptoms are the important indications. The extreme tachycardia is a futile waste of energy and a source of permanent injury. The palpitation and the excessive cardiac action lead to compensatory hypertrophy and dilatation and may finally wear out the heart from overstimulation of the sympathetic from the hyperthyroidism. It is on this element of the clinical picture of Basedow's disease that the author bases his decision whether to operate or not. Operation should be undertaken if the heart is already enlarged and does not subside under medical treatment or the cardiac symptoms show no marked improvement. ED.

1326

Roentgen Exposure of the Thymus in the Treatment of Exophthalmic Goiter. S. M. SINOZERSKY, *Russky Vratch*, July 4, 1914.

Sinozersky studied on twenty patients with exophthalmic goiter the role played in its production by the thymus gland. Some were given Rœntgen treatment of the thymus after two or three thyroid vessels had been ligated, but the majority had this treatment before any operative measures. The condition of the thymus was estimated by dullness on percussion over the sternum and to the left, after a tumor or aneurysm had been excluded by x-ray examination and by blood examination (lymphocytosis) and reduced polynuclears.

Experiments on puppies and rabbits showed that exposure to x-rays caused atrophy of the thymus. Roentgen treatment of Basedow's disease directed against the thymus, with exposures every three or four days, gave marked improvement after five or six sittings. The pulse fell from 120-140 to 80; the goiter, sweating, exophthalmos and nervousness decreased and the blood showed a decrease in the number of lymphocytes and an increase in the polynuclears. Owing to the sensitiveness of the skin in Basedow's disease to the x-rays, an interval of about three weeks is required before undertaking another series of treatments. ED.

1334

Roentgen Treatment of Exophthalmic Goiter. R. SIELMANN, *Muench. med. Woch.*, Oct. 27, 1914.

Very beneficial results were observed in all of twenty-one cases treated. Sielmann urges it as a routine treatment in all cases before surgical intervention is undertaken. ED.

1335

The Thymus in Thyroid Disease. M. SIMMONDS, *Zentralbl. f. Chir.*, March 1914.

Simmonds' article is based on necropsy findings in ten cases of exophthalmic goiter and two of thyroidism and on the operative findings in eight cases of Basedow's disease and fourteen of thyroidism. He found the thymus enlarged in 75 per cent of all cases of exophthalmic goiter. In all cases of operation on the thyroid the thymus should be scraped and subjected to microscopic examination in order to determine if the structure corresponds to that of a younger age or whether there is marked proliferation of the medullary substance. ED.

1346

Acute Thyroiditis as a Complication of Acute Tonsillitis. C. F. THIESEN, *Ann. of Otol.*, March, 1914.

Thiesen reports the histories of seven cases in which acute non-suppurative thyroiditis developed in a previously healthy gland of normal size either following or during an attack of tonsillitis.

The acute condition subsided under treatment in about ten days but two cases after repeated acute attacks developed well-marked goiter, and two cases developed hyperthyroidism. ED.

1355

Thyroid and Parathyroid Grafts. A. VON EISELSBERG, *Arch. f. klin. Chir.*, V. 106, No. 1, 1914.

The author reports disappointing results for the reason that sooner or later the implanted gland tissue becomes absorbed. Temporary benefit was, however, observed in a few cases. The improvement may be marked at first but then it dies out. Parathyroid grafting is not always feasible because the donor can seldom spare enough parathyroid tissue for the purpose. ED.

1356

Resection of the Thymus for Simple and Exophthalmic Goiter. H. VON HABERER, *Arch. f. klin. Chir.*, Aug., 1914.

Haberer has resected the thymus in twenty-one cases. In all but two cases the thyroid was resected also. The post-operative improvement in the exophthalmic goiter cases was very striking and justifies, in the author's opinion, reduction of the thymus whenever it is found to be unduly large at operation on the thyroid. A combined partial operation on both the thyroid and the thymus gives better results than on either alone. Reduction of the thymus is not followed by any untoward effects on the growing organism. ED.

1381

Circumscribed Otitis Externa Simulating Mastoiditis. BOTELLA, *Arch. internat. de Laryngol.*, May-June, 1914.

Botella distinguishes between circumscribed inflammation of the external auditory canal and furunculosis. The latter is confined to a hair follicle and its immediate vicinity. The dermatitis may extend to the postaural space and involve the subcutaneous tissue, the medium of communication between the external canal and the skin of the mastoid region. The resulting edema, tenderness, fluctuation and local abscess are all suggestive of the presence of seeper suppuration. In circumscribed inflammation of the canal the pain is superficial and increased by moving the auricle; pressure in the mastoid region, provided the auricle is not touched, does not elicit pain. Then, also, the swelling, redness and tension in the canal is limited to the cartilaginous portion; the dermoid surface of the bony portion of the canal is only implicated secondarily. In mastoiditis the pain is more constant, deep-seated and the congestion is principally upon the posterior superior wall. ED.

1395

Pathogenesis of Tuberculosis of the Middle Ear. B. AGAZZI, *Monatschr. f. Ohrenhk.*, H. 5, V. 48, 1914.

Agazzi reports six cases of middle-ear tuberculosis discovered at autopsy in children six weeks, eight and eighteen months, four, five and five and one-half years, respectively, old. In five of the cases there was tuberculosis of the lungs which rapidly spread into a miliary tuberculosis. There were also some bone lesions. The middle-ear tuberculosis was possibly of hematogenous origin. In the sixth case the primary tubercular focus was in the parotid gland with involvement of the lower jaw. The Eustachian tube and the naso-pharynx were not involved, but the antrum,

mastoid cells and tympanic cavity were almost completely destroyed by the caseous tuberculosis. In this case the author believes that the involvement of the middle-ear was direct, perhaps helped along by the lymph stream. ED.

1414

Treatment of Chronic Suppurative Otitis Media with Lactic Acid. EITELBERG, *Wiener med. Woch.*, No. 22, 1914.

Eitelberg recommends the lactic acid treatment in chronic middle-ear disease, especially in those cases where there is a tendency to polypus proliferation. The effect is very rapid. There is very little pain and no untowards by-effects. Even if there be a little pain it is momentary. The ear is first irrigated and dried. The lactic acid is applied, diluted with an equal part of water, to the diseased part of the ear by means of a swab (in some cases the ear may be irrigated with the solution) and retained there for about three minutes. The ear is then dried and boric acid powder blown in. The external canal is then stuffed with cotton. The applications are made three times a week. In the intervening periods the ear is left alone.

Eitelberg reports a number of case-histories showing the value of the treatment and also two cases in which it was unsuccessful. ED.

1433

Conservative Treatment of Chronic Aural Suppuration. ROBERT L. LOUGHRAN, *N. Y. State Med. Jour.*, Feb., 1914.

The most frequent causes of failure in resolution in acute inflammations of the middle-ear, which is the forerunner of the chronic type, are: (1) Insufficient treatment during the acute stage. (2) Failure to recognize the fact that the mastoid antrum also was involved. (3) The existence of some secondary focus of re-infection after the acute stage had subsided. (4) Some constitutional factor which interfered with the physiological repair (tuberculosis, syphilis, etc.). Drainage is the keynote in the treatment of the acute inflammatory otitis with exudation; cleanliness and astringents act satisfactorily in the great majority of cases.

When the affection has assumed a chronic character, attention to diseased areas in the middle-ear and removal of granulations, polypi, etc., are sometimes effective. Ossiculectomy has now become comparatively rare and should only be attempted in those cases where the lesion is confined to the ossicles. Three cases of facial paralysis have come under the author's observation following curettage of the posterior wall of the middle-ear after removal of the ossicles. Obliteration of the Eustachian opening (Yankauer) is most successful where the perforation of the membrane is large and the mucous membrane is atrophic. When the disease is confined to the soft tissues, autogenous vaccine is of value. Conservative treatment is indicated in mild cases with localized necrotic areas, where the damage to hearing is not pronounced. With extensive involvement and decided deafness, some radical intervention is indicated.

LEDERMAN.

1444

Blood Examination in Acute Otitis Media Especially in the Early Stages. M. WEINBERG, *Ztschr. f. Ohrenhk.*, Bd. 71, H. 3-4, 1914.

The purpose of Weinberg's investigation was to determine if by an examination of the blood the character of an acute otitis media could be ascertained—whether it came about through infection of the Eustachian tube or whether it were of hematogenous origin. The number of patients investigated was thirty-six. Cultures were made from the blood and the bacteria from the ear also grown. The results agreed with those of Libmann and Cellar, that in acute otitis without complications (meningitis or sinus thrombosis), whether accompanied by general symptoms or not, there is no bacteriemia. Otitis media of hematogenous origin cannot be distinguished by blood cultures from that of any other origin.

Further, if we accept from 5000-10000 leucocytes per cm. as normal, a leucocytosis was present in 22 out of 32 cases thus examined, with a hypernormal value for the polynuclear cells in 19 cases (taking 65-70 per cent as normal). The greatest leucocyte count observed was 22000 and the polynuclears were 88 per cent. The leucocytosis in acute otitis is purely an inflammatory one and gives no indication as to the degree of the infection. ED.

1461

Vestibular Apparatus of the Ear in Acute Alcoholic Intoxication and in the Course of Delirium Tremens. BARANY and ROTHFELD, *Presse oto-laryngol., Belge*, May-June, 1914.

The authors report their experiments in six cases of acute intoxication and in 30 cases of delirium tremens. In both conditions there is a series of common symptoms although some of the symptoms in acute alcoholism, such as nystagmus and rapid movements of the head, are only found in delirium tremens. In other cases there is notably complete absence of nausea which is, however, very marked in acute alcoholism. The authors believe that the disturbances of equilibrium met with in acute alcoholism and in delirium tremens have their seat in the cerebral cortex where a change occurs in the transmission apparatus.

ED.

1476

Pathogenesis and Treatment of Otosclerosis. A. DENKER, *Deut. med. Woch.*, May 7, 1914.

Denker does not recommend all the mechanical and local operative measures that have been applied to cure otosclerosis because the results are very poor and an aggravation of the condition is a great possibility. Politzer advises one gram of potassium iodid daily for ten or fifteen days, repeating this four or five times a year. Some have reported benefit from thyroid treatment. Denker has found phosphorus, alone or in combination with bromid, useful. The progress of the deafness was often arrested and the subjective tinnitus subsided. Patients with otosclerosis should be urged to take a course in lip-reading before the hearing is entirely lost. Prophylaxis is of the utmost importance in otosclerosis. It has a pronounced familial or hereditary tendency and is liable to increase in severity during period of more active bone growth such as at

puberty and during pregnancy. Contributory causes are circulatory derangement, arteriosclerosis and syphilis. Intermarriage of persons with a tendency to otosclerosis should be prohibited. The question of avoiding pregnancy should also be considered because of the possible aggravation of the trouble by it. ED.

1483

Mechanism of Internal Ear Functioning. O. GOEBEL, *Berliner klin. Woch.*, May 11-25, 1914.

From a study of dissections of fresh specimens of the human labyrinth Goebel offers a new theory of the mechanism of its action in sound perception. Owing to the presence of surrounding lymph spaces the osseous plate of the partition wall is easily removable but more so at the apex of the cochlea than at the base. Its return to normal, after displacement, is slower than below. Goebel's view is that the displacement of the osseous and membranous partition wall towards the scala vestibuli leads to the contact of the hair-cell projections with the membrana tectoria, which produces the perception of sound. There is also an interrelation between the mobility of the osseous and membranous portions of the lamina spiralis and a damping action of the endolymph within so that the displacement of different portions of the lamina spiralis will produce different sound waves. Goebel does not believe that the whole lamina and the membrana tectoria fall into oscillations of similar wave length to that of the sound waves causing the stimuli. ED.

1485

Tuberculosis of the Labyrinth. J. HABERMANN, *Ztschr. f. Ohrenhk.*, Bd. 71, H. 3-4, 1914.

In the case reported by the author the tuberculosis did not involve the labyrinth through the Eustachian tube and the tympanic cavity, but from the cranial cavity. In addition to lung and intestinal tuberculosis there were tubercular infiltration of the right cerebellum, softening of the adjacent part of the cerebrum, dilatation of the ventricle and edema of the brain. In the last days of the disease rather sudden complete loss of hearing set in accompanied by vertigo and nausea. On autopsy, tuberculosis of the right middle-ear was found associated with an exudate in the scala tympani. In the internal ear there was periosteal infiltration and inflammatory exudation between the nerve bundles in the fundus. Miliary tubercles in the ampulla and crista. The same changes, but of a lesser degree, were present on the left side.

Habermann explains the labyrinthine tuberculosis as a result of metastasis from the cerebellum through the lymph channels. ED.

1495

Examination of the Internal Ear and Hind-Brain by Stimulation of the Vestibular Nerve. T. B. LAYTON, *Clin. Jour.*, V. 43, 1914.

This paper deals with the view of Barany that it is the cerebellum which controls co-ordination and it is stimuli passing to this which govern the pointing and falling reactions. He believes that each set of muscles has a center in the cerebellum. There is some reason to believe that the vermis is associated with movements of the trunk and the hem-

ispheres with those of the limbs. As the central connections of the vestibular nerve are numerous and far-reaching, the author believes the results of the examination of the vestibular nerve is of great value in diagnosis, especially in suspected cerebellar tumor. ED.

1500

Anomalies of Ossification in the Human Petrous Bone and Their Relation to So-Called Otosclerosis. P. MANASSE, *Arch. f. Ohrenhk.*, Bd. 95, H. 1-2, 1914.

Of two hundred temporal bones examined by Manasse for pathological changes there were found peculiar and uniformly characterized islands of cartilage in the labyrinth capsule in eleven cases. These islands were of rounded or irregular contour, visible to the naked eye, and were situated between the oval window and the middle whorl of the cochlea. They were composed of hyaline multicellular cartilage with occasional transverse fibers. In juxtaposition to these islands, but without genetric relationship, were small areas of new bone with medullary cavities and in the neighborhood of these areas there was, as a rule, atrophy of the membranous labyrinth.

These abnormal changes were found at all ages, from infancy upward. The author is therefore led to regard these changes as due to congenital arrest of development analogous to the changes in ostitis chronica metaplastica (origin in the labyrinth capsule, the presence of new bone near the islands of cartilage and localized atrophy of the membranous labyrinth). ED.

1502

New Remedies Against Auditory Disturbances and Tinnitus. PASSOW, *Medizinische Klinik*, No. 18, 1914.

Passow relates his experiences with radium, diathermie, high frequency currents, "re-education of the ear" and salvarsan. With the exception of salvarsan all these remedies are not directed against any definite diseases of the ear but against individual symptoms (tinnitus and difficulty in hearing) which may be caused by the most varied local changes.

With radium and diatherman treatment Passow noticed considerable improvement in one hundred cases so treated. To what extent suggestion played a role in some of them he is unable to estimate, but it was undoubtedly of moment with some of the patients. In those cases in which the deafness was caused by disease of the auditory nerve or by otosclerosis no improvement, objective or subjective, was noticeable.

In most of the cases of tinnitus treatment with high frequency currents produced a decided improvement. It would appear to be a useful method of treatment.

Passow had no success with the Maurice method of "auditory re-education." He is also very skeptical as to the influence of salvarsan. It often produces an aggravation of the auditory symptoms and he, therefore, prefers mercury and potassium iodid in those cases where antisyphilitic treatment is indicated.

1514

Clinical Pathology and Therapy of Subjective Tinnitus. C. STEIN. *Monatschr. f. Ohrenhk.*, XXVIII, H. 5, 1914.

Stein calls attention to the frequent relationship between subjective tinnitus and diseases of the internal ear, especially of the circulatory apparatus and recommends that in all cases which resist the usual methods of treatment blood pressure readings should be taken. In 500 cases so examined he found high blood pressure in 24.8 per cent and a low blood pressure in 5 per cent. The latter, which plays the less important role, is found in anemic patients; the tinnitus is caused by dilatation of the arteries of the ear or by irritation of the auditory nerve through repeated angiospasms in the vessels of the inner ear.

Rise in blood pressure was the most frequent change observed in the patients and the fundamental condition was arteriosclerosis in 112 cases; tabes, climacteric, Basedow's disease, progressive paralysis and hypertonic polycythemia in 16 cases.

In 265 patients suffering from tinnitus but in whom the blood pressure was normal, 57 had arteriosclerosis, 25 cardio-vascular neuroses and 35 organic cardiac disease.

The treatment will depend upon the fundamental cause and must especially be directed to a lowering of the blood pressure where this is high. ED.

1557

The Treatment of Deafness and Tinnitus. J. HEGENER, *Deut. med. Woch.*, Jan. 15, 1914.

Hegener reviews the various methods and appliances that have of late been introduced in the treatment of deafness and tinnitus and concludes that none of them show any improvement over the old and tried methods. Radium and diathermal treatment he does not approve at all because they are too dangerous; they should only be applied by experts and not to the ear until they have been thoroughly tried out on less important organs first. ED.

1563

Treatment of Deafness with Sonorous Vibrations by the Zund-Burguet Method. L. M. HUBBY, *Med. Rec.*, Jan. 31, 1914, p. 200.

Hubby has found the Zund-Berguet apparatus very efficient. He finds that the ceruminous secretion becomes more normal. The patency of the Eustachian tube, if it have a tendency to remain closed, increases (provided there is no organic structure) and the condition of the tympanic and Eustachian mucous membrane improves. He has found also that partial ankylosis of the ossicular chain decreases and it may even disappear. Otalgia, tinnitus and other symptoms are also improved by this treatment. ED.

1564

Sonorous Vibrations in the Treatment of Ear Diseases. L. M. HUBBY. *Jour. A. M. A.*, Dec. 19, 1914.

Hubby has found, from his experiences with this method in the treatment of diseases of the ear, that sonorous vibrations exercise the tympanic

membrane, the ossicles and muscles, the hair cells of the organ of Corti, the membrana tectoria and the entire cochlear nerve system. The efficiency and nutrition of these structures is improved provided the exercise is not overdone so as to cause fatigue. He uses the Zünd-Berguet electrophone with which siren-like scales may be produced in three timbres corresponding to three registers of the human voice—low, medium and high. The intensity of the vibration to each ear can be regulated and the treatment is followed by a short mechanical massage to overcome any slight numbness that may have been produced. The regulation of the intensity of the vibration is very important and must be studied and graded in each case.

In acute and subacute cases tests may have to be made after each treatment; in chronic cases, at the start and after fifteen or thirty treatments. The former require treatment once a day; the latter usually require two treatments a day. A course of treatment usually comprises about fifty seances, in the chronic cases, of two treatments a day and in most cases a second course of thirty treatments may be necessary six months or one year later. In six cases he has found an increase of audition distance of from 10 to 20 per cent (watch or acoumeter tests).

ED.

1568

So-Called Re-Education of the Deaf. R. LAKE, *Lancet*, May 23, 1914.

According to the author's experience, re-education is useless in the acquired deafness of adults, of some help in the acquired deafness of childhood when there is no destructive lesion of the internal ear, and of greatest value in congenital deafness, even though it be total. ED.

1569

Re-Education of the Ear. E. LAIME, *Ann. des Mal de l'Oreille*, No. 4, 1914.

The methods employed for auditory re-education are divisible into two general groups (1) that dealing with the audition of artificial or mechanically-produced sounds and (2) that availing itself entirely of the sound of the human voice and articulate language. The former method includes a variety of sounds of varying timbre and intensity (tuning-forks, pipes, sirens, whistles and electrical instruments to maintain a continuity of sound). One of the objections to this method is the prevalence of metallic overtones and the injurious effects, as shown by Siebenmann, Hoessli and others, upon the membranous labyrinth of prolonged exposure of the auditory apparatus to tones of this class.

The second method relies upon the instrumentality of the human voice, to the range of which the human ear is especially adjusted. This method may be combined with the visual study of component movements of the lips and face. ED.

1615

Local Anesthesia in Operations on the Auditory Apparatus. RAOUL ARNAL, *Rev. hebd. de Laryngol.*, March 14, 1914.

Cocain holds the foremost place in local anesthesia of this region, but other drugs such as stovain, alypin, novocain, eucain and holocain may be of benefit in certain cases.

Cocain may be used alone or in combination, for instance, the Bonain solution, consisting of equal parts of cocain hydrochlorate, carbolic acid and menthol. To this formula, five drops of the one to 1-1000 solution of adrenalin may be advantageously added. Instead of the Bonain solution some operators prefer Gray's solution, consisting of cocain hydrochlorate five grams, alcohol and anilin oil each 50 grams. Two drops of adrenalin solution added to one cubic centimeter of this solution tends to "fix the cocain," and, moreover, prevents hemorrhage by its vaso-constricting effect.

The double hydrochlorate of quinin and urea is of special advantage in this connection. According to Hertzler, this drug is absolutely innocuous and the anesthesia persists for four or five days. Hertzler's views are endorsed by Gaudier, but Chavanne maintains that the new anesthetic is not as effective as cocain.

Electrolysis and electro-cocainization have proved effective in the hands of some operators, but the technical difficulties attending the application will prevent it from being more extensively used.

Ethylic chlorid may be used in operating on the auricle and of the canal, as in furunculosis, exostosis, etc. Koenig's speculum being of special service in such cases.

Arnal believes that local anesthesia is applicable to all operations of the auditory apparatus with the following reservation: There is danger, even fatal, in cocainizing certain patients. Difficulties are met with and the greatest care is required in injections in certain regions. The anesthetic results are sometimes incomplete and insufficient.

Cocain still remains the most practicable anesthetic because it is more constant and energetic in its action, but novocain and stovain may be substituted in certain cases. We should not forget, however, that while novocain is only one-half as active, it is seven times less toxic than cocain and that stovain is a vaso-dilator. SCHEPPEGRELL.

1625

Otitic Paralysis of the External Oculomotor Nerve Associated with Neuralgia of the Trigeminus; Operation and Cure. J. BROECKAERT, *Presse oto-laryngol. Belge*, V. 13, No. 7, 1914.

The author reports the case history of a man, 31 years of age, who had for many years been suffering from left purulent otitis followed by pain, vomiting and nausea associated with facial paralysis and paralysis of the oculomotor nerve. The author describes the operation performed to expose the Gasserian ganglion and discusses the clinical features of the case from which he concludes: (1) abducens paralysis with trigeminal neuralgia in the course of an acute or chronic otitis indicates a lesion corresponding to the petrous portion of the temporal bone either in the form of a circumscribed osteitis or a localized meningitis; (2) the involvement of the Gasserian ganglion always is a serious complication and indicates the necessity of radical operation on the mastoid followed by exploration of the pyramidal petrosal region by the suprapetrosal route. ED.

1641

Tuberculous Affections of the Ear. THOMAS H. FARRELL, *N. Y. State Med. Jour.*, Feb., 1914.

Tuberculosis of the ear is not infrequent though certain forms are rare, as those involving the external ear. Infection of the middle-ear is much more frequent and occurs most often as a secondary infection in patients with advanced phthisis. Primary tuberculosis of the middle-ear is a rare occurrence, according to most authors. Henrici states that one-fifth of all mastoid cases in children are tubercular. The most common route of infection of the middle-ear is by way of the Eustachian tube. In young children the infection is carried to them by means of handkerchiefs, nipples, and kissing by tuberculous mothers or nurses. Milligan believes that the lymphatic tissue constituting Waldmeyer's ring is a most important portal of entry. An accurate diagnosis should be made early. Lasagna's new method of finding the tubercle bacillus is given in detail. The symptomatology is given, and a rather complete bibliography is offered. The prognosis is more favorable in the primary disease. Attention is directed to (1) its insidious onset; (2) absence of inflammatory reaction; (3) presence of two or more perforations, and early enlargement of peri-auricular glands, etc. LEDERMAN.

1654

Use of Vaccines in Chronic Ear Suppurations. W. H. HASKINS, *Ann. of Otology*, p. 582, 1914.

Haskins points out that in treating suppurative processes in the ear the ear must be perfectly dry. If patients irrigate their own ears they never dry them perfectly after the irrigation and the presence of moisture will prolong the treatment indefinitely. The use of mercuric chloride is inadvisable because of its irritating property which will keep up the discharge. He has obtained good results with active cultures of the Bac. bulgaricus. This promptly overcomes offensive discharges and where the membranes are thickened a few applications of the culture will restore them to a normal color. ED.

1658

Aural Complications in Typhoid Fever. E. M. HOLMES, *Ann. of Otol.* p. 555, Sept., 1914.

Lateral sinus thrombosis is a very usual but a very frequently overlooked complication of typhoid fever. It is often mistaken for the fever itself. Hypersensitiveness of the jugular sheath is a valuable though not necessary symptom. Early diagnosis of this complication is extremely important. ED.

1716

The Formation of New Bone Following Operations on the Mastoid Process. GUSTAV BONDY, *Monatschr. f. Ohrenh.*, Vol. 48, No. 4, p. 568 1914.

Two kind patients gave the writer the opportunity of studying post-operative mastoid histology. In the one a simple mastoidectomy with exposure of the sinus was followed five months later—the patient died from peritonitis—by a post-mortem histological examination of the opera-

tive field. The operative cavity was found to be divided into small spaces by numerous septa of connective tissue showing ossification in some places. In the osseous cavity tissues of similar structure are surrounding a mass of newly-formed bone. Right beneath the scar a strip of newly-formed bone is seen with a margin of osteoblasts around a chalkless zone. There are no lamellae present, the bone corpuscles are clumsy and irregularly distributed.

In the other patient the writer was enabled to demonstrate the formation of new bone *in vivo*. Six years after a simple mastoidectomy a relapse of the primary condition necessitated another operation. Thereby the mastoid cavity was found to be filled out with newly-formed bone to an almost normal degree. The writer closes the entire mastoid wound by Mitchel clamps and leaves only a small drainage opening at the lower margin. He prefers this method to the healing by granulations, as it permits of the formation of new bone from the preserved periosteum and thereby of better cosmetic results. GLOGAU.

1717

The Use of Vaccines After the Mastoid Operation. W. C. BRAISLIN, *Ann. Otol., Rhinol. and Laryngol.*, V, XXII, 1914.

Braislin obtained favorable results in five out of six cases treated with vaccines (autogenous or stock) for bacterial infections complicating mastoidectomy. Some of these cases presented infiltration of the cervical glands, fever of obscure origin, delayed granulation of wounds and infection of the labyrinth. ED.

1718

Modified and Conservative Radical Mastoid Operation for Tolerance or Prostheses in Cases of Diminished Hearing After Middle-Ear Suppuration. W. SOHIER BRYANT, *Med. Rec.*, July 11, 1914.

In a number of cases following middle-ear suppuration, the hearing can be considerably increased by the use of suitable prostheses, according to the writer. In some of these patients, however, the ear which has been dry begins to suppurate as soon as a prosthesis is applied. In such a case the author suggests the modification as of practical value. The technic consists in deflecting the auricle forward, together with the membranous canal. The posterior and superior canal walls are removed, exposing the attic, antrum and middle-ear, as in the usual radical operation. The middle-ear is carefully freed from obstruction, i. e., remnants of ossicles, cicatricial bands or walls of trabeculae. Care is exercised not to remove the dermoid covering of any structure that is to remain untouched. After the middle-ear has been cleaned of unnecessary contents, the membranous canal and concha are treated plastically, to insure an enlarged meatus. The major ossicles may be retained in position. A case is detailed, illustrating the value of the technic. LEDERMAN.

1720

Parotid Fistulae Following Mastoid Operations. C. CANESTRO, *Ann. Otol., Rhinol. and Laryngol.*, V. 23, 1914.

The author reports a case of parotid fistula from the lower end of a mastoid incision, the fistula appearing immediately after the operation. Usual treatment with the galvano-cautery and injections of tincture

of iodin proved unsuccessful. Beck's paste was accordingly used and two injections of it permanently closed the fistula. In a review of the literature the author was only able to find another case on record of parotid fistula immediately following mastoid operation. There were four other cases in which the fistulae followed much later.

Concerning the cause of these fistulae Canestro believes that they are due to an operative wound of the salivary gland due to one of two conditions: (1) An anomalous conformation of the parotid that permitted part of the gland to cover a considerable part of the external surface of the mastoid; (2) An abnormal location on the mastoid of a gland somewhat hyperplastic, on account of past acute or chronic inflammatory processes that took a latent course. In this case the fistula would have followed a lesion of the parotid due to the manipulations in detaching the periosteum and not to incision of the gland. ED.

1724

Treatment After Mastoid Operations. V. DELSAUX, *Presse Oto-Laryngol, Belge*, No. 2, 1914.

In cases of uncomplicated acute mastoiditis Delsaux regards the primary stitch closure of the post-aural wound as allowable only when there is a large perforation of the drum-head with ample assurance of drainage through the external canal. Also, when the post-operative treatment can be properly supervised. Otherwise packing is to be preferred. In chronic uncomplicated mastoiditis, after thorough evacuation and removal of diseased tissues and completion of the plastic portion of the operation in the external auditory canal, the post-aural wound is to be primarily closed and a light sterile gauze wick inserted into the external canal for the purpose of keeping the canal flap in place. The dressing is to be renewed every other day, or longer if feasible, until it is no longer needed. Then it may be substituted by lactol or boric acid insufflation.

If there be caries of the ossicles these should be removed before the radical operation is done. In cases of cholesteatoma the same procedure should be followed except that the surgically provided lumen of the external auditory canal should be made larger and no islands of epidermis should be left within the cavity of operation in order to guard against relapses. A firm packing is not advisable. Boric acid insufflation is preferable provided the accumulated powder is removed from time to time, the tympanic end of the tympanopharyngeal tube carefully cleansed, granulomata cauterized and all epidermal accumulations removed. ED.

1725

The Blood-Clot Method as Applied to the Mastoid Operation. A. DIGHTON, *The Practitioner*, June, 1914.

Dighton endorses the blood-clot method and explains its beneficial action as depending upon the presence in the blood of two physiological substances: (1) the amboceptor, or immune body, which is produced in the blood by the presence of a particular bacterin within the body, and (2) the complement, or alexin, which, though occurring naturally in the blood-serum, has no action itself on the bacteria. When the bacteria have been acted upon by the amboceptor, however, the complement is able to dissolve them.

In the operation the author does not preserve the periosteum or make a periosteal flap. After the operation is performed, the cavity is dried with swabs, painted with pure carbolic acid and immediately dried out again. The skin edges are rubbed with gauze to promote bleeding and the wound closed with silkworm gut sutures (usually three). ED.

1733

Operative Findings and Results in Mastoiditis. J. M. INGERSOLL, *N. Y. State Med. Jour.*, Feb., 1914.

The author briefly describes eight cases, with the result of surgical treatment. In nearly all the cases, radiographs were taken of both ears, so that the normal ear furnished a standard of comparison. Invariably, the diseased mastoid gave a dimmer picture than the normal one. Stereoscopic radiographs of the head were found to be exceedingly valuable helps in making the diagnosis and in determining the position of the sigmoid sinus and anatomical relations. In many cases it is possible to make a positive diagnosis of exposure of the dura and sinus, by studying these radiographs of the mastoid, before such exposure has caused any clinical symptoms. LEDERMAN.

1742

A Radiographic Study of the Mastoid. OLIVER A. LOTHROP, *Bost. Med. and Surg. Jour.*, p. 343, March 5, 1914.

Drawing his deductions from a series of 460 x-ray plates, in the Massachusetts Charitable Eye and Ear Infirmary, the author gives conclusions as to the value of the x-ray in various forms of mastoiditis.

The picture obtained is more clear and defined than that by transillumination. The opposite mastoid should always be taken to permit of comparison with the normal, which varies much in different individuals. The cellular spaces of the mastoid, the triangular petrous portion, the ramus of the jaw, the root of the zygoma, the clearly defined mastoid tip, and the lateral sinus with its more distinct anterior border, are the chief points to be seen in a normal picture. Pathological changes which the x-ray plate aids in demonstrating include the early congestive stage of mastoiditis, the frank, purulent stage, the vascular partly broken down mastoid, and sometimes a perisinous abscess or an extradural abscess, particularly if it is posterior to the limits of the cellular mastoid. As clotted blood does not show in a plate, sinus thrombosis has not been demonstrated in this series, nor has a brain abscess been diagnosed. The sclerosed mastoid of a chronic suppurative otitis whether active or healed, gives a clear-cut plate with a well-defined detail, showing frequently the mastoid vein and foramen, and in two plates, the Fallopian canal. The mastoid itself shows its dense ivory bone with an absence of cellular elements in proportion as the suppurative and sclerotic process has advanced. In this series, the pathological process was about equally divided between the left and the right side. Of the cases with a clinical diagnosis of chronic suppurative otitis, 94 per cent showed total sclerosis of the mastoid and 6 per cent showed semi-sclerosis. In so-called "effectus" ears, where a former chronic suppuration had cleared, with or without a permanent perforation remaining, 56 per cent showed total sclerosis of the mastoid, 27 per cent were semi-sclerosed, and 17 per cent were cellular

or normal. Of the acute suppurative otitis cases, 10 per cent showed sclerosed or semi-sclerosed mastoids; while in those cases where no diagnosis of past or present suppurative otitis was made, 92 per cent had normal mastoids and 8 per cent were sclerosed or semi-sclerosed.

Five x-ray pictures each with a schematic illustration of what the picture shows, accompany the paper. The plates are selected interesting cases but became blurred a little in the printing and do not show all the author finds. They, however, add much to the value and interest of the paper. BERRY (MOSHER).

1746

Two Spontaneous Petro-Mastoidian Enuncleations. A. MAURICE (Paris), *Revue Heb. de Laryng. d'Otol. et de Rhinol.*, June 6, 1914.

Maurice reports two cases in which mastoid operations were refused and which by a fortunate chance resulted in a spontaneous cure. These cases prove that the most desperate cases may occasionally recover without surgical intervention, but they are so rare that we can seldom expect anything but a fatal result in such cases.

The first was a woman of 42, suffering from an old, chronic, fetid otorrhea of 20 years' standing, a complicating facial paralysis having existed for ten years. At the end of the canal, the middle-ear could be seen filled with fungoid granulations, and cholesteatomatous debris coming from the attic. A radical operation was advised and refused.

Six months later, this patient had occasion to return on account of an inflammation of the throat. Taking advantage of this to examine the ear, Maurice was amazed to find it entirely dry. The middle-ear was covered with a clean, white cicatrix, the attic, the aditus, the canal of the facial and the mastoid antrum were as completely visible as after a most brilliant radical operation. It appeared as if a surgeon had operated, left everything well cicatrized, but without a trace of the operation.

The patient reported that about three months before, there had come from the ear something dark, hard and spongy, with an odor of decomposition and two weeks later the ear had ceased to suppurate.

The second case, a woman of 53, suffering from a chronic, suppurating otitis media, developed a large swelling of the mastoid process and the usual symptoms of an acute mastoiditis and paralysis of the facial nerve. Although a mastoid operation was urgently indicated, a superficial incision was made at the request of the attending physician, liberating a mass of the most fetid pus. Being relieved from pain, the patient returned to the country.

Two and a half months later she returned to obtain relief from the facial paralysis. On examining the ear, Maurice found to his astonishment that the mastoiditis had been completely arrested. The canal showed the middle-ear free of granulations with a white cicatrix. The attic and surrounding parts were almost entirely visible as the walls of the cells no longer existed. The walls of the facial nerves appeared intact and it was impossible to find a fistula connected with the Fallopian canal. The patient was distressed that nothing could be done for the facial paralysis but was consoled by the information that she had escaped the necessity of a dangerous operation. W. SCHEPPEGRELL.

1749

Latent Mastoiditis. W. MITHOEFER, *Lancet-Clinic*, May 9, 1914.

The author cites several cases in which inflammation of the mastoid cells existed after apparent termination of the acute inflammation of the middle-ear. The drum membrane may be intact and there may or may not be a mild degree of deafness. The handle of the malleus may be ill-defined or there may be very slight bulging of the upper posterior quadrant of the drum membrane. On the other hand, the drum may be absolutely normal in appearance. In such cases, mastoiditis may be very easily overlooked even when the suppuration in the cells may be far advanced. Hence, the cessation of the discharge does not signify a cessation of the inflammatory process because the latter may be dormant for months or years in the mastoid cells.

The factors at work in the production of latent mastoiditis are (1) the anatomical character of the mastoid cells; (2) the shape and position of the antrum; (3) the variety of the infecting organism and (5) the resistance of the patient.

The indications for operation are: (1) pain on pressure over the mastoid with a history of a former discharge from the ear with a normal tympanic membrane and a positive x-ray plate; (2) painful mastoid with history of a former discharging ear, the tympanic membrane being hyperemic or slightly bulging in the upper posterior quadrant with a positive x-ray plate; (3) the presence of streptococcus mucosus in the exudate, with or without pain on pressure over the mastoid; (4) intracranial complications of probable mastoid origin. ED.

1758

Mastoiditis: A Complication and an Entity. W. S. TOMLIN, *Jour. Ophthal. and Oto-Laryngol.*, Sept., 1914.

The mastoid cavity being a part of the middle-ear is probably involved in all cases of acute suppurative otitis media. It is rarely primarily involved except as a result of traumatism. Beginning mastoiditis is an inflammation of the mucous membrane lining the mastoid antrum and cells and is usually an acute process. Development of osteitis causes breaking down of the cell-walls and the formation of cavities or of one large cavity in the mastoid. In the examination of acute and subacute cases it is very important to inspect the innermost portion of the external auditory canal at its posterosuperior quadrant and if inspection shows a bulging over this area delay in operating is merely a waste of time.

Transillumination as a means of diagnosis is unreliable. Skiagraphy is more useful.

As the best treatment short of operation, the author recommends the use of silver nitrate or copper sulfate or the cautious use of the curette or snare to destroy granulations, followed by injections of alcohol. Subacute cases may be modified by Crede's ointment.

Early operation is, however, emphasized as also the dangers of postponement on hearing and life. ED.

1762

Two Unusual Cases of Mastoiditis in Children. W. WILSON, *Brit. Med. Jour.*, Feb. 21, 1915.

The first case was in a child two years of age who had a sudden attack of mastoid pain with slight edema above and behind the auricle. The membrana tympani was normal; constitutional symptoms were not marked. When operated upon three days after the onset, a subperiosteal abscess was found communicating with the antrum through a fistula in the outer wall of the antrum. No signs of middle-ear infection were present and the superficial air cells of the squamosa were largely infiltrated with pus.

The second child was eight years old and developed unilateral mastoid edema during recovery from whooping-cough. The tympanic membrane was not perforated but thin watery pus was present in the external meatus. Constitutional symptoms were not marked and there were no signs of intracerebral complications. At operation no pus was found in the middle-ear or in the antrum and the lateral sinus was normal. But, an abscess was found in the posterior fossa.

No perforation of the membrana tympani or suppuration of the antrum ever developed. ED.

1773

Concerning the Surgery of Otogenous Cerebellar Abscesses. A. BLUMENTHAL, *Berlin Monatschr. f. Ohrhlk.*, Vol. 48, No. 10, 1914.

The most sublime product of this, our technical era, is the otological engineer. Once upon a time clinical symptoms and pathological findings guided the aural surgeon in his operative measures; a pair of compasses, a measure tape and a thorough knowledge of geometry are, however, his up-to-date requirements. In order to get free access to a large cerebellar abscess you need a broad exposure of the dura. If the lateral sinus should interfere with your brain surgery, its double ligature and severance would apparently be the most logical thing. But the writer of this article presses a pair of compasses and a measure tape (both, of course, sterile), into your hands and makes you figure out circumference and area of the sinus by means of a sterile pencil and with the aid of the long-forgotten formulæ of the circumference and area of a circle ($2R_{\pi}$ and $R2_{\pi}$). Should the result of this mathematico-geometrical operation show a circumference above 20. lmm. and an area above 32.84 m^2, ligation of the sinus is contraindicated, as the sinus of the other side in such a case would probably not be large enough to drain the entire brain. However, where we have to deal with a thrombosed sinus, the writer permits us to cut right through the sinus into the cerebellar abscess, without first exposing the sinus of the healthy side, in order to establish by otological engineering its circumference and area. Where the operator insists upon the ligation and severance of the sinus, although compass and measure tape showed it to be too large, the sinus should be throttled. You simply throw a surgical lasso around the sinus without, however, strangling it at once. Should the patient like this partial choking of his sinus, the noose is drawn tight the next day. Geometrical otology is bound to render the writer's name immortal. If you connect

by means of a sterilized ruler and an aseptic pencil, the porus acusticus internus with the lowest point of the sulcus sigmoideus and the crossing of the sulcus sigmoideus and the upper edge of the pyramide, you obtain "Blumenthal's posterior pyramidal triangle." This triangle represents the triumphal arch through which the otological engineer has to drill his way into the cerebellar pus. Take a deep breath and sterilize compass, measure tape, ruler and pencil once more, in order to locate in the center of said triangle the fossa for the sacculus endolymphaticus. Before attacking the cerebellum, connect this point with the lines and angles of said triangle and measure the length of all the distances. In 148 specimens, Blumenthal measured the main and connecting lines of his triangle. He also measured the width of the lateral and medial wall of the sinus, its circumference and area. Consequently, this article displays a wonderful array of tables and statistics. It would be advisable to have the oto-geometrical results obtained by Blumenthal painted in black on the white walls of the operating-room, in order to facilitate the compartive studies of the otological engineer. GLOGAU.

1781

Otitis Media and Brain Tumor. B. HIRSCHMANN, *Ztschr. f. Ohrenh.*, Bd. 71, H. 3, 1914.

Hirschmann reports two cases of the co-existence of otitis media and brain tumor from the clinic at Heidelberg and gives brief abstracts of other such cases occurring in the literature—a total of thirty-four cases. Differential diagnosis from the symptomatology is very difficult and fever as a constant symptom of brain abscess is quite variable (Macewen has reported a series of cases in which the temperature was normal or even subnormal). Choked disc was present in fifty per cent of the cases, convulsions in eleven and paralysis of the eye muscles in eleven.

Roentgen examination of the skull, in the author's two cases was normal. ED.

1814

The Curability of Otogenous and Traumatic Meningitis. A. DENKER, *Ztschr. f. Ohrenh.*, Bd. 70, Heft 3-4, p. 188, 1914.

By analyzing four cases of otogenous meningitis, the writer arrives at valuable diagnostic and therapeutic conclusions: In the presence of characteristic clinical symptoms, the diagnosis of diffuse suppurative meningitis can be established, when the cerebro-spinal fluid, under lumbar puncture, proves to be under high pressure and shows marked increase in leucocytes.

The presence of pathogenic micro-organisms in the cerebro-spinal fluid is of no essential diagnostic value. By appropriate therapeutic and operative measures, diffuse suppurative meningitis is a curable disease. The four cases show the following important features:

Case 1: Post-operative meningitis, headaches, lowered mentality, pronounced motoric unrest, pains in the neck, high temperature, cerebro-spinal fluid under high pressure showing numerous polynuclear leucocyts. Treatment: drainage of the subarachnoidal space, Urotropin. Recovery.

Case 2: Case of latent cerebral abscess, progressing within a few hours into a manifest stage of numerous general and local cerebral symptoms

and leading to a "terminal" stage, where, through pressure upon the vital center within the medulla oblongata, respiration stopped. Cerebro-spinal fluid turbid, containing numerous polynuclear leucocytes, but no bacteria. Therapy: Incision into cerebral substance through necrotic dura above the tegmen tympani. Introduction first of a closed anatomical forceps and then of a gauze drainage tube. Evacuation of large quantities of foul pus. Recovery.

Case 3: Bilateral chronic middle-ear suppuration complicated by acute symptoms: dizziness, nausea, lowered mentality, sensitiveness to pressure along the vertebral column, positive Kernig and Babinski, cerebro-spinal fluid under high pressure. Operative exposure proves that the infection of the cranial cavity started from the apex of the upper semi-circular canal, where at the floor of the middle cranial fossa, an extradural abscess had formed. The latter brought about a small cortical abscess and infection of the meninges. Therapy: operative drainage. Notwithstanding the removal of the upper and posterior semi-circular canals, caloric reaction could be elicited.

Case 4: Labyrinthogenous meningitis, facial paralysis, high temperature, vomiting, chills, cerebro-spinal fluid under high pressure containing numerous polynuclear leucocytes, no bacteria. Fistula in horizontal semi-circular canal. The latter filled with pus. Therapy: Labyrinthectomy.

Case 5: The writer adds the report of a case of traumatic meningitis and draws from this, too, the lesson that early operative interference is apt to save the life of the patient. About two weeks after a fall on the head the patient showed swelling of the mastoid, slight facial paralysis, apathia and high temperature. Local inspection of the drum revealed a traumatic perforation covered by bloodcrusts. Cerebro-spinal fluid under high pressure. At the operation the fracture of the base of the skull was seen passing through the sulcus transversus, the posterior meatal wall, the tegmen and the anterior meatal wall. The mastoidal cells and the tympanum were filled with secretion and granulations. The sinus transversus was slightly covered with granulations. The trauma made a communication between the tympanum and the cranial cavity and thus spread the infection from the former into the latter. The blood coagulum within the middle ear was infected either through the Eustachian tube or through the perforation of the drum. The writer advocates in cases of fracture of the base of the skull the immediate exposure of the mastoid cavity, when acute or chronic middle-ear suppuration previously existed, or when acute otitis media follows the accident. GLOGAU.

1879

New Laryngeal Sound Registrating Apparatus. G. PANCONCELLI-CALZIA, *Ztschr. f. Laryngol*, p. 339, Sept., 1914.

The apparatus registers those vibrations of the air-current that may be felt by applying the finger to the thyroid cartilage. It therefore demonstrates the presence or absence of voice, its pitch and duration. A rubber-covered funnel, to be pressed against the thyroid cartilage, is connected by means of a rubber tube with a recording tambour. On the latter a lever is resting whose brush-like end registers on a recording and revolving drum the laryngeal sound-vibrations. By interposing a rubber ring between the metal part of the lever and the tube the apparatus is

rendered extremely sensitive. For two years the writer has been using his apparatus with the greatest success in the phonetic laboratory of the seminary for colonial languages of Hamburg for the examination of both normal and pathological speech conditions. The added illustrative sound-curves demonstrate the practicability of the apparatus. Those laryngologists who occupy themselves with corrections of defects of speech and voice will find this little apparatus of both practical and scientific value.

GLOGAU.

1973

Diseases of the Pituitary Gland and Their Effect on the Shape of the Sella Turcica. E. G. FEARNSIDES, *Lancet*, July 4, 1914.

In acromegaly there is always some definite evidence of an increase in size of the pituitary fossa. Three types of enlargement are differentiated by Cushing: (1) Those associated with thickening of the clinoid processes and dorsum of the sella turcica; (2) those showing thinning from pressure absorption of these parts and (3) those showing destruction of all the outlines of this region. The so-called "superimposed tumors" arising from the petuitary stalk in the interpeducular region and situated above the sella produced changes in the sella only after they have attained a large size.

ED.

2151

Peculiar Form of Hyperplasia of the Mucous Membrane of the Upper Respiratory Tract. A. L. TURNER, *Jour. Laryngol., Rhinol. and Otol.*, Feb., 1914.

Turner describes two cases of his own and four from other observers. Four of the cases were in women and two in men, and the ages from 30 to 52. The main clinical feature was a smooth, uniform, more or less diffuse infiltration of the uvula and soft palate, along with the palatal pillars, the posterior wall of the pharynx and the structures forming the upper aperture of the larynx. There was no ulceration so that pain was not a marked symptom. These cases continued for years with little or no change.

ED.

2172

Diseases of the Nose, Throat and Ear; Medical and Surgical. W. L. BALLENGER, Lea and Febiger, New York and Philadelphia, 1914.

In this new edition—four large editions in but six years— the important features will be found in the chapter on the labyrinth. This comprises over one hundred pages of new material. The question of nystagmus is given plenty of illustration for there are thirteen original colored plates that elucidate its physiological and pathological manifestations. Twelve drawings, also, illustrate the Newmann and the Hinsberg labyrinth operations. Mosher's fronto-ethmoidal operation is described in full and is illustrated by five drawings. So also Haynes' operation on the cisterna magna where five drawings also illustrate the technique.

Another important addition in the present edition is the use of Salvarsan in the treatment of syphilis of the brain and auditory nerve. His 'leucocyte-extract therapy and its value in infectious diseases when complicated by inflammation of the nasal sinuses and meninges is also considered.

It seems regrettable, however, that in such a splendid work the subject of suspension laryngoscopy should have been omitted and that laryngoscopy and bronchoscopy are not treated with sufficient detail.

2180

Phantom der normalen Nase des Menschen (Phantom of the normal nose in man). DR. HANS BUSCH, p. 34, with three colored plates. J. F. Lehman's Verlag, Munich, 1914. Price, M. 3.

This phantom constitutes an interesting and practical means of popularly demonstrating the various parts of the nose and naso-pharynx, especially when an explanation of certain parts to patients is required, or in lecturing to nurses, under-graduates, surgeons, etc.

The Practitioner's Visiting List for 1915. Four styles; weekly, monthly, perpetual, sixty-patient. Pocket size.; substantially bound in leather with flap, pocket, etc.; $1.25, net. Lea & Febiger, Publishers, Philadelphia and New York.

This simple announcement of the continuation of this practical visiting-list will suffice to remind our readers of its value.

2187

Obiter Scripta: Throat, Nose and Ear. R. FRILL, *John Wright & Sons*, Bristol, 1914.

This is a little volume of forty pages divided into three chapters: (1) "Miscellaneous Notes on Common Conditions in the Throat, Nose and Ear," in which anesthetics, tonsillectomy, hemorrhage, defective nasal respiration and such subjects are touched upon; (2) "Zinc Nonization," of which the author is a devotee, stating: "Ionization with zinc is, I believe, the ideal treatment for many cases of chronic middle-ear suppuration;" (3) "The treatment of Ozena." The treatment recommended by the author that has given him the best results consists of: (1) Removal of crusts daily for the first two weeks by forceps. Bacteriologic examination and preparation of vaccine; (2) Injection of a dose of Friedländer bacterin small enough to cause slight malaise (two million of a living sensitized emulson); (3) Ionization of ethmoidal cells; (4) Daily swabbing of nose with a solution of menthol in paroleine.

2190

Die Nasen, Rachen und Ohrerkrankungen des Kindes in der Taeglichen Praxis. PROF. DR. F. GÖPPERT, Julius Springer, Berlin, 1914.

This work forms one of the volumes of the "Enzyklopaidie der Klini schen Medizin" under the editorial direction of Langstein, V. Noorden, V. Pirquet and Schittenhelm, and although it comprises only 169 pages, it is a valuable handbook for the German-reading physician to have in his medical library. It is divided into four parts, and it is remarkable with what thoroughness and conciseness the respective subjects are dealt with. Part one takes up the question of Nasopharyngitis: (a) Nasopharyngitis of infants; (b) Nasopharyngitis in children after the first year. Part two treats of the individual local diseases of the nose and pharynx. Part three treats of the diseases of the middle ear and sequelæ and part four the diseases of the nasopharynx and middle-ear in their relation to the acute infections.

Another valuable point is that after every chapter an extensive bibliography is appended. The work is to be commended not only because of the excellence of arrangement of its material but also because of the clearness of the plates and drawings, of which there are twenty-one, that amplify it.

2191

Text-Book of Local Anesthesia for Students and Practitioners. DR. GEORG HIRSCHEL, Translated by Donald E. S. Krohn, M. D., John Bale, Sons and Danielson, Ltd., London.

This volume is rather small but it is fairly accurate in the account of the methods of inducing local anesthesia in the different parts of the body. The amount of space devoted to the consideration of local anesthesia in oto-laryngological operations is, however, very restricted, so that to the oto-laryngologist the book will prove to be rather disappointing.

2192

Geschichte der Nasenheilkunde. DR. KARL KASSEL, Curt Kabitzsch, Wuerzburg, 1914.

To prepare a history of rhinology, covering the period from the inception of medicine to the year 1800, entails so many difficulties and so much labor in obtaining and compiling authentic data that one who undertakes such a task must be possessed of supreme patience and courage. These virtues on the part of the author are fully shown by the present volume. He has reviewed the immense literature of the past, beginning with Egypt, which is mentioned as the Cradle of Medicine, and has shown skill and good judgment in presenting such facts as are of interest and value to those who are historically inclined. The history of medicine, and no less is this true with a special branch of medicine, is always interesting reading.

As a medico-historical work, written in an easy and entertaining style, it is a source of recreation as well as of instruction.

2196

Text-Book of Diseases of the Nose and Throat. D. B. KYLE, W. B. Saunders Co., Philadelphia, 1914.

One of the features of Dr. Kyle's book is the descriptive pathology brought out in connection with each subject. The present edition (fifth) contains additional articles on vaccine therapy, lactic bacteriotherapy in atrophic rhinitis, salvarsan in syphilis of the upper respiratory tract, sphenopalatine ganglia neuralgia, negative air pressure in accessory sinus diseases, chronic hyperplastic ethmoiditis, congenital insufficiency of the palate.

The book is well adapted for the specialists' use and is a more complete and splendid text-book for students and general practitioners.

2199

Operative Surgery of the Nose, Throat and Ear for Laryngologists, Otologists and Surgeons. HANAN W. LOEB, C. V. Mosby Co., St. Louis, 1914.

This work is to come in two volumes, but the second volume has not yet appeared. The first volume deals with the surgical anatomy of the nose,

throat and ear, the external surgery of the throat, the direct examination of the larynx, trachea, bronchi, esophagus and stomach and the operations made possible through this direct examination; the plastic surgery of the nose and ear.

It is an up-to-date treatise on this special subject and the object of the work is to present the method of operating, the indications, contraindications, after-treatment and results of operation and not the pathology, symptomatology or etiology with which the operator is presumed to be familiar.

2202

Gehoerorgan und Beruf. DR. OSKAR MAUTTINER, Curt Kabitzsch, Wuerzburg, 1914.

This is a monograph which considers two topics: (1) the bearing of impaired hearing upon the choice of an occupation and (2) the various occupational lesions to which the auditory sense is subject.

The author pleads for the appointment of aurists as school inspectors for many young people, with progressive ear trouble, have been made miserable by the choice of an unsuitable occupation. The monograph is of interest to sociologists as well as to physicians.

2203

Lehrbuch der Grenzgebiete der Medizin und Zahnheilkunde. DR. JULIUS MISCH, Fernand Enke, Stuttgart, 1914.

This work, comprising one thousand pages, embraces more than its title denotes. Instead of confining itself to the "borderline of medicine and dentistry" it is in reality a very thorough work on medicine in which the buccal and dental relationships to the various diseases considered are emphasized. Some of the material might have been omitted without deflecting from the value of the book as a whole, for it is not intended to be a complete system of medicine. So, for example, aortic aneurysm, Adams-Stokes' disease, mitral insufficiency, gastric ulcer and cancer have very little immediate relationship to dentistry.

Special mention must, however, be made of the section on dermatology in relation to buccal and dental affections which is not only exhaustive but the colored drawings, of which there are very many, represent the height of excellence.

The book as a whole is very profusely illustrated. The chapters on diseases of the nose, throat, eye and ear are each very complete in themselves.

2206

Pathogenic Micro-organisms. A Practical Manual for Students, Physicians and Health Officers. WILLIAM HALLOCK PARK, M. D., and ANNA W. WILLIAMS, M. D., New York City. Fifth edition, enlarged and thoroughly revised; p. 684, with 210 engravings and 9 full-page plates. Lea and Febiger, Philadelphia and New York, 1914. Price, cloth, $4.00 net.

The progress in communal co-operation in preventive medicine, sanitation, hygiene, municipal hospitals, legislative acts, etc., has been so rapid in many of the larger cities of this country, during the past few years,

that every physician in the community, every health officer, even every public-spirited citizen and civic worker finds it necessary to acquire more than a superficial knowledge of the fundamental science from which these activities have emanated.

The new fifth edition of this standard and popular work by Park and Williams is more in demand than ever and may still be regarded as one of the best reference-books and working-manuals in the field of bacteriology in its practical application.

The authors, prominently identified with the Bureau of Laboratories of the Department of Health of New York City, are eminently qualified to present this useful phase of bacteriological science in its practical application to broader civic management.

This book considers such important subjects as "Bacteriological examination of water, air and soil;" "Bacteriology of milk;" "Water purification;" and many other phases of applied micro-biology.

It is a splendid reference-book for every physician as an aid to his daily professional work and in any civic capacity in which he may be engaged; it is an almost indispensable companion to health officers, heads of laboratories and departments of sanitation and hygiene.

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Lehrbuch der Ösophagoskopie. Dr. Hugo Stark, Curt Kabitsch, Wuerzburg, 1914.

This work is divided into two parts: General and special. The general part deals with the development of esophagoscopy, anatomy and physiology of the esophagus, technic, special methods of instrumentation, complications, dangers and contraindications. The special part takes up the significance of esophagoscopy in diagnosis and therapeusis and a consideration of the individual condition met with.

It is a book primarily intended for the specialist in this field. It is also amplified by the citation of illustrative case-histories and the minute consideration of points in differential diagnosis makes it a valuable addition to the literature of this subject.